

# ROUTING SLIP FOR INVOICES

DATE June 6, 2018

CONTRACTOR Family Values

CFMS 2000234086

MONTH OF SERVICE March 2018 Supp

TO Shropshire

INITIAL REVIEW NS

DATE 06/21/18

PC REVIEW \_\_\_\_\_

DATE \_\_\_\_\_

ASSIST.DIR./DIRECTOR  
APPROVAL 

DATE 7/19/18

POSTED TO SPREADSHEET 06/21/18

SENT TO FISCAL \_\_\_\_\_

EQUIPMENT TO BE TAGGED? \_\_\_\_\_

ADVANCE RECOUPMENT? \_\_\_\_\_

## COMMENTS:

- ① NOLA Media Group was not Reimbursed for Advertising on the March 2018 Invoice.
- ② Lawn Care Services was not Reimbursed on the March 2018 Invoice.



Economic Stability  
Division of Programs  
627 North 4th Street  
Baton Rouge, LA 70802

(O) 225.342.4051  
(F) 225.342.2536  
[www.dcfsls.gov](http://www.dcfsls.gov)

John Bel Edwards, Governor  
Marketa Garner Walters, Secretary

Date 06/21/2018

## MEMORANDUM

TO: OM&F Fiscal  
Contract Payments

FROM: Dora Thomas   
Program Manager

RE: Invoice for payment  
PO # 2000234086

Contractor Name: Family Values Resource Institute

Please find attached an invoice for payment.

*If you have any questions, contact Norman Shropshire at 225-219-2742.*

Attachment





**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**Cost Reimbursement Invoice Form**

**Received**

JUN 06 2018

DCFS  
Economic Stability

Family Values Resource Institute, Inc,  
**Contractor Name**

MARCH 2018  
**Service Period**

7515 Scenic Highway  
**Mailing Address**

2000234086  
**Contract/CFMS#**

Baton Rouge, LA 70807  
**City, State, Zip**

264086 - MARCH 2018 SUPPLEMENT  
**Invoice Number**

- Barbara Thomas / 225-359-9001  
**Contact Person/Telephone Number**

234086-0388

**EXPENDITURES**

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$172,500.00	\$0.00	\$143,749.93	\$143,749.93	\$28,750.07	
FRINGE BENEFITS	\$22,235.25	\$0.00	\$12,057.64	\$12,057.64	\$10,177.61	
TRAVEL	\$1,000.00	\$0.00	\$782.90	\$ 782.90	\$ 217.10	
OPERATING SERVICES	\$52,564.75	\$1,275.00	\$42,224.88	\$43,499.88	\$9,064.87	
SUPPLIES	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	
PROFESSIONAL SERVICES	\$63,900.00	\$0.00	\$51,280.63	\$51,280.63	\$12,619.37	
OTHER CHARGES	\$216,000.00	\$0.00	\$168,200.00	\$168,200.00	\$47,800.00	
EQUIPMENT/ ACQUISITIONS	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	\$ 0.00	
INDIRECT COST	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
<b>TOTALS</b>	<b>\$529,200.00</b>	<b>\$1,275.00</b>	<b>\$419,295.98</b>	<b>\$420,570.98</b>	<b>\$108,629.02</b>	<b>\$ 0.00</b>

**Contractor Certification**

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

*Barbara Thomas*  
 Signature of Authorized Contractor Representative and Title

6/5/18  
 Date

**FOR DCFS USE ONLY**

<b>DCFS Invoice Number</b>	Org	4274	Obj	3740	Rep Cat	5071	Sub Obj	Line 2	ACTV
	Org		Obj		Rep Cat		Sub Obj		ACTV
	Org		Obj		Rep Cat		Sub Obj		ACTV
<b>Program Compliance Approval</b>	I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received. <i>Dora Thomas Program Manager</i> Signature and Title of Authorized DCFS Official								
									7/19/18 Date



DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Cost Reimbursement Invoice Form

Received

JUN 06 2018

DCFS  
Economic Stability

**FINANCIAL REPORTING INSTRUCTIONS**

**Column A - Expenditure Category** – Enter the expenditure categories required by the contract.

**Column B – Approved Budget** – Enter the approved budget for the current contract term for the budget categories approved in the contract.

**Column C – Current Period Expenditures** – Enter the expenditures incurred and paid for the current reporting period.

**Column D – Prior Period Expenditures** - Enter the cumulative expenditures reported and reimbursed for all periods prior to, but not inclusive of the current reporting period.

**Column E – Cumulative Expenditures To Date** – Enter the total costs to date. Cumulative Expenditures To Date equals Current Period Expenditures + Prior Period Expenditures. (Column E = Column C + Column D)

**Column F – Remaining Balance** – Enter the difference between the Approved Budget Amount and the Cumulative Expenditures To Date. (Column F = Column B – Column E)

**Column G – Cost Sharing** – The portion of the project costs not borne by DCFS in the form of Local Costs, Matching Funds or In-kind Contributions. If applicable Cost Sharing requirements must be in accordance with the approved contract.

**Personnel** – Salaries and wages provided for all persons directly employed by the contractor.

**Fringe Benefits** – Employment benefits in addition to salaries and wages (i.e., health insurance, retirement, FICA, Medicare taxes, etc.)

**Travel** – Expenditures for training and travel for contract related purposes as authorized in the contract and in accordance with State of Louisiana Travel Policies and Procedures (PPM 49) unless otherwise stated in the contract such as, registration fees, mileage, meals, lodging, etc.

**Operating Services** – Expenditures, other than personal or professional services, required in the operation of the contract. Operating services include, but are not limited to, expenditures such as advertising, utilities, telephone services, printing, insurance, maintenance, rentals, dues and subscriptions, and communication services.

**Supplies** – Expenditures for articles and commodities which are consumed, to be consumed, or materially altered when used in the operations of a business.

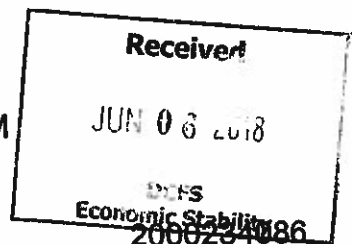
**Professional Services** – Expenditures for services provided in specialized or highly technical fields by sources outside of the contractor. Professional services include accounting and auditing, management consulting, engineering and architectural, legal, medical and dental.

**Other Charges** – Expenditures peculiar to a contractor and not otherwise chargeable to another expenditure category. Expenditures for other charges must be identified and approved in the contract and budget documents.

**Equipment/Acquisitions** – Tangible assets purchased for use in the operations of an office such as office machines and furniture. Costs include purchase price, delivery charges, taxes, and other purchase related costs.

**Indirect Costs** – Generally, indirect costs are defined as administrative or other expenses that are not directly allocable to a particular activity or project; rather they are related to overall general operations and are shared among projects and/or functions.

DEPARTMENT OF Children and Family Services  
OFFICE OF FAMILY SUPPORT MONTHLY BILLING FORM  
Alternatives to Abortion



CONTRACTOR: Family Values Resource  
Institute, Inc.  
ADDRESS: 7515 Scenic Hwy.

CFMS:

Rep. Cat. 5071  
Org. 4274

Baton Rouge, La. 70807

MONTH AND YEAR OF  
SERVICE:

MARCH 2018  
SUPPLEMENT

CONTACT PERSON: Barbara Thomas

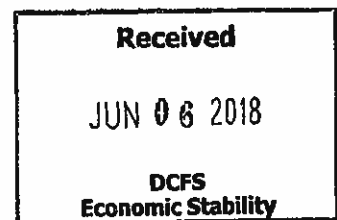
PHONE: 225-359-9001

**COST REIMBURSEMENT: Personnel Services**

Staff:	Project Director	\$ 0.00
	Project Adm.	\$ 0.00
	Educ. Specialist	\$ 0.00
	Compliance Coordinator	\$ 0.00
	Data Entry Specialist	\$ 0.00
	Client Svcs. Coord./Care Provider	\$ 0.00
	Fringes	\$ 0.00
	<b>SUBTOTAL</b>	<b>\$ 0.00</b>

**OTHER EXPENSES:**

Rent	\$ 0.00
Utilities	\$ 0.00
Printing	\$ 0.00
Copier Lease	\$ 0.00
Travel	\$ 0.00
Postage	\$ 0.00
Office Supplies	\$ 0.00
Service Provider Trn.	\$ 0.00
Telephone	\$ 0.00
Internet	\$ 0.00
Online Client Database	\$ 0.00
Accounting/Bookkeeping Services	\$ 0.00
Subcontractors	\$ 0.00



This completed form and supporting documentation is due to the following address by the 15<sup>th</sup> of the month following services:

Dept. of Children and Family Services  
P.O. Box 94065  
Baton Rouge, LA 70804-9065  
ATTN: Candice Kinney 5<sup>th</sup> Floor – 5-300-24

**FOR DSS USE ONLY**

INVOICE # \_\_\_\_\_

Reviewed and Approved:

\_\_\_\_\_  
DCFS Contract Services Representative Signature

\_\_\_\_\_  
Date



Advertising \$1,125.00

REVISED MEMO INVOICE

BILLING PERIOD		ADVERTISER/CLIENT NAME	
03-01-2018 to 03-31-2018		FAMILY VALUES RESOURCE INSTITUTE INC	
TOTAL AMOUNT DUE		UNAPPLIED AMOUNT	TERMS OF PAYMENT
\$2,250.00			UPON RECEIPT
CURRENT NET AMOUNT DUE	PERIOD 1	PERIOD 2	PERIOD 3
\$1,125.00	\$1,125.00	\$0.00	\$0.00
BILLED ACCOUNT NAME AND ADDRESS		REMITTANCE ADDRESS	
FAMILY VALUES RESOURCE INSTITUTE INC PO BOX 74403 BATON ROUGE, LA 70874		NOLA Media Group Dept 77571 PO Box 77000 Detroit MI 48277-0571	
PAGE	BILL DATE		
Page 1 of 1	5/10/2018		
BILLED ACCOUNT NUMBER			
1000843691			
ADVERTISER/CLIENT NUMBER			
1000843691			

BOTH ACCOUNT NUMBERS MUST BE REFERENCED TO ENSURE CORRECT PAYMENT APPLICATION

CUSTOMER SERVICE INQUIRIES 877-229-9911


DATE	INTERNAL REFERENCE NUMBER	PRODUCT - DESCRIPTION	UNITS	AMOUNT
		Balance Forward		1,125.00
03/16/2018	0008569274-01	Digital Search SEM Local Search 0003886543	Digital	125.00
03/19/2018	0008571111-01	Digital Search SEM Local Search 0003767695	Digital	1,000.00

+ 1,125.00

Total Operating  
Services

Advertising 1,125.00 +  
Lawn Care - 150.00 +  
1,275.00 \*  
Total

Advertising

FAMILY VALUES RESOURCE INSTITUTE INC PO BOX 74403 BATON ROUGE, LA 70874 (225) 359-9001		1087 94-499/652 01 CHECKMATE
NO MATERIAL	PER ENVELOPE	DATE 5/29/2018
PAY TO THE ORDER OF <u>Nola Media Group</u>		\$ 1,125.00
<u>One thousand one hundred twenty-five + 00/100</u>		DOLLARS
 <b>Guaranty Bank</b> <small>NEW YORKS SHOWN AND TRUST COMPANY</small>		
FOR ACCT # -10008431091	March 2018 Billing Period	<u>Barbara J. Thomas</u>
⑈001087⑈ ⑈065204980⑈		⑈0000112500⑈

JPMORGANCHASE BK NA	CR TO NMD
060418 >074909962<	PAYEE ALL
28498253 7757101	RTS RSVD
00966937 055	0000000777177890



Ch #5022

# Maintenance - Lawn Care Services

BOBBY HOOKER  
225-802-2710

## INVOICE

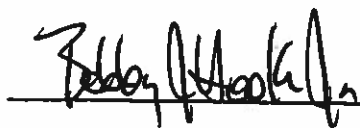
INVOICE #: 201803

INVOICE DATE: 3/26/2018

Billed To: Family Values Resource Institute, Inc.  
7515 Scenic Hwy  
Baton Rouge, LA 70807

+ \$150.00

DATE	DESCRIPTION	QTY	AMOUNT	TOTAL
3/26/2018	Lawn Care Services - March 2018 3 cuts @ \$50 each	3	50.00	150.00
			<b>TOTAL</b>	<b>\$ 150.00</b>



SIGNATURE


CHASE for BUSINESS

Printed from Chase for Business



Check

Lawn Care Services

Front

<b>FAMILY VALUES RESOURCE INSTITUTE, INC</b> Serving Families For Over 20 Years P.O. BOX 74403 BATON ROUGE, LA 70874 225-359-5001		<b>CHASE</b> JPMorgan Chase Bank, N.A. www.Chase.com 84-13/654	5022 3/26/2018
PAY TO THE ORDER OF Bobby Hooker		\$ **150.00	
One Hundred Fifty and 00/100		DOLLARS	
Bobby Hooker		 AUTHORIZED SIGNATURE	
MEMO 3 Cuts		Security Features. Details on back.	
⑆005022⑆ ⑆065400137⑆			

Back

>311990511< - 0001 1460 - 23213608 03/27/2018 - 16:47:10	ENDORSE HERE  CHECK HERE AFTER MOBILE OR POSIT  Acct # 114200
----------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

 Post date  
 Mar 28, 2018

 Check #  
 5022

 Check amount  
 \$150.00

ROUTING SLIP FOR INVOICES

DATE April 18, 2018

CONTRACTOR Family Values

CFMS 2000234086

MONTH OF SERVICE March 2018

TO Shropshire

INITIAL REVIEW NS

DATE 05/04/18

FSPS2 REVIEW \_\_\_\_\_

DATE \_\_\_\_\_

Program Manager 1/2 DL

DATE 5/7/18

POSTED TO SPREADSHEET 05/04/18

SENT TO FISCAL 05/07/18

EQUIPMENT TO BE TAGGED? \_\_\_\_\_

ADVANCE RECOUPMENT? \_\_\_\_\_

COMMENTS:

## **Norman Shropshire**

---

**From:** Norman Shropshire  
**Sent:** Monday, May 07, 2018 12:24 PM  
**To:** 'barbarat@family-values.org'  
**Cc:** 'talishad@fvri.org'  
**Subject:** March 2018 Invoice  
**Attachments:** image2018-05-07-120858.pdf

Good afternoon,

Attached is a copy of the March 2018 Invoice for your record.

Please contact me if you have any questions.

Thank You

**Norman Shropshire**  
*ES Program Consultant*  
*Dept. Of Children And Family Services*  
*627 N. Fourth St.,5-315*  
*Baton Rouge, LA 70802*  
*Norman.Shropshire@la.gov*  
*Phone (225)219-2742*  
*Fax (225)342-2536*



Economic Stability  
Division of Programs  
627 North 4th Street  
Baton Rouge, LA 70802

(O) 225.342.4051  
(F) 225.342.2536  
[www.dcfsls.gov](http://www.dcfsls.gov)

John Bel Edwards, Governor  
Marketa Garner Walters, Secretary

Date 05/04/2018

## MEMORANDUM

TO: OM&F Fiscal  
Contract Payments

FROM: Dora Thomas   
Program Manager

RE: Invoice for payment  
PO # 2000234086

Contractor Name: Family Values Resource Institute

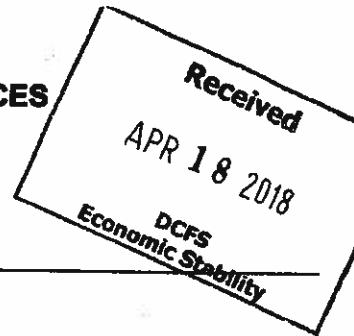
Please find attached an invoice for payment.

*If you have any questions, contact: Norman Shropshire (225) 219-2742.*

Attachment



**DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Cost Reimbursement Invoice Form**



Family Values Resource Institute, Inc,  
Contractor Name

MARCH 2018  
Service Period

7515 Scenic Highway  
Mailing Address

2000234086  
Contract/CFMS#

Baton Rouge, LA 70807  
City, State, Zip

<sup>78</sup> MARCH 2018 - 234086 - 0318  
Invoice Number

- Barbara Thomas / 225-359-9001  
Contact Person/Telephone Number

**EXPENDITURES**

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$172,500.00	\$14,375.00	\$114,999.93	\$129,374.93	\$43,125.07	
FRINGE BENEFITS	\$22,235.25	\$1,099.68	\$9,327.85	\$10,427.53	\$11,807.72	
TRAVEL	\$1,000.00	\$0.00	\$782.90	\$ 782.90	\$ 217.10	
OPERATING SERVICES	\$52,564.75	\$3,126.53	\$32,017.38	\$35,143.91	\$17,420.84	
SUPPLIES	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	
PROFESSIONAL SERVICES	\$83,900.00	\$4,309.72	\$39,161.19	\$43,470.91	\$20,429.09	
OTHER CHARGES	\$216,000.00	\$24,400.00	\$116,400.00	\$140,800.00	\$75,200.00	
EQUIPMENT/ ACQUISITIONS	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	\$ 0.00	
INDIRECT COST	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
TOTALS	\$529,200.00	\$47,310.93	\$313,689.25	\$361,000.18	\$168,199.82	\$ 0.00

**Contractor Certification**

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

*Barbara Thomas*  
Signature of Authorized Contractor Representative and Title

4-15-18  
Date

**FOR DCFS USE ONLY**

DCFS Invoice Number	Org	Obj	Rep Cat	Sub Obj	ACTV
	4274	3740	5071	Line 2	
	Org	Obj	Rep Cat	Sub Obj	ACTV
Program Compliance Approval	Org	Obj	Rep Cat	Sub Obj	ACTV
	I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.				
<i>Doree Thomas Program Manager</i> Signature and Title of Authorized DCFS Official					
Date 5/7/18					

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**Cost Reimbursement Invoice Form**

**FINANCIAL REPORTING INSTRUCTIONS**

**Column A - Expenditure Category** – Enter the expenditure categories required by the contract.

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**WHITNEY BANK**

P.O. Box 4019 Gulfport, MS 39502



Page: 1 of 1

Statements Dates  
03/01/2018 - 03/31/2018

Return Service Requested

1728 110000 001

FAMILY VALUES RESOURCE INSTITUTE INC  
RESTRICTED FUNDS  
P O BOX 74403  
BATON ROUGE LA 70874

Account Number:

Images:  
0

**\*ZERO CHECKS\* E0**

**EFFECTIVE 5.25.18 THE BANK WILL NO LONGER SELL TRAVELERS  
CHECKS. SPEAK WITH YOUR BANKER ABOUT OTHER ALTERNATIVES.**

\*\*\*\*\* CHECKING ACCOUNT SUMMARY \*\*\*\*\*

Checking Account Summary

PREVIOUS BALANCE	AVERAGE BALANCE
+ 5 CREDITS	
- 6 DEBITS	YTD INTEREST PAID
- SERVICE CHARGES	
+ INTEREST PAID	
ENDING BALANCE	

\*\*\*\*\* CHECKING ACCOUNT TRANSACTIONS \*\*\*\*\*

• Deposits and Other Credits

Date	Amount	Description	Date	Amount	Description
------	--------	-------------	------	--------	-------------



110000001

• Other Debits

Date	Amount	Description	Date	Amount	Description
------	--------	-------------	------	--------	-------------

03/14 6,800.08 PAYROLL PAYCHEX INC.

03/29 6,800.15 PAYROLL PAYCHEX INC.  
018087000657711CCD

*3/15  
payroll*

*3/30  
payroll*

• Balance By Date

Date	Balance	Date	Balance	Date	Balance
------	---------	------	---------	------	---------





### Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Michael Ferris

Month/Year: MARCH 2018

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

<b>Sponsored Project:</b>		<b>Louisiana Alliance For Life</b>
<i>List Major Work Performed</i>	% of Time	
Collect, Review and Approve Subcontractor Reimbursements	40%	
Fielding and Answering Calls and emails from Subcontractors	30%	
Creating and updating forms and files	20%	
Organizing after conference 3/24/18	10%	
<b>Total % of Time on Project:</b>		<b>100%</b>

<b>Sponsored Project:</b>		<b>Louisiana Alliance For Life - continued</b>
<i>List Major Work Performed</i>	% of Time	
<b>Total % of Time on Project:</b>		<b>100%</b>

<b>Sponsored Project:</b>	
<i>List Major Work Performed</i>	% of Time
<b>Total % of Time on Project:</b>	

Michael Ferris  
Employee Signature

[Signature]  
Approval Signature

4/9/18  
Date

4/9/18  
Date



### Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Talisha Davis

Month/Year: 3/1/2018

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

<b>Sponsored Project:</b>		<b>LA Alliance For Life</b>
<i>List Major Work Performed</i>	% of Time	
Prepare for and facilitate LAL Sub-Contractor Training Workshop	50	
Communication w/ Sub-Contractors- questions & expectations & compliance	5	
Prepare and facilitate staff meeting.	15	
<b>Total % of Time on Project:</b>		<b>70</b>

<b>Sponsored Project:</b>		<b>Family Values Resource Institute</b>
<i>List Major Work Performed</i>	% of Time	
Counseling Clients - Pregnancy Testing & providing referrals as needed	10	
Work with student mentee on project & research paper	10	
Meetings & review of vendors for online marketing	10	
<b>Total % of Time on Project:</b>		<b>30</b>

<b>Sponsored Project:</b>	
<i>List Major Work Performed</i>	% of Time
<b>Total % of Time on Project:</b>	

Talisha Davis  
Employee Signature

4/10/18  
Date

[Signature]  
Approval Signature

4-10-18  
Date



### Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Shirley Walker

Month/Year: Mar-18

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:	
List Major Work Performed	% of Time
Counseling: Consult w/ clients, give pregnancy tests & complete TANF paperwork	70%
Coordinate client services such as scheduling, referral information, chart preparation, answering phones, etc...	15%
Supervise front office, train counselors and volunteers; Assist counselors w/ questions	10%
Total % of Time on Project:	

Sponsored Project:	
List Major Work Performed	% of Time
regarding client services, paperwork, etc.. ; Assist with Quarterly mailout	
Keep track of supplies needed for client services such as pregnancy tests, cups & charts	5%
Total % of Time on Project: 100%	

Sponsored Project:	
List Major Work Performed	% of Time
Total % of Time on Project:	

Shirley Walker  
Employee Signature

4-09-18  
Date

B. A. Roman  
Approval Signature

4-9-18  
Date



### Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Allison Davis

Month/Year: Mar-18

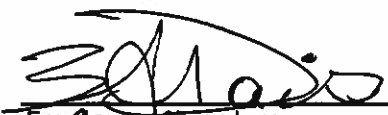
Provide a breakdown of your responsibilities for this month. Keep in mind:


1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

<b>Sponsored Project:</b>		<b>LA Alliance For Life</b>
<i>List Major Work Performed</i>	% of Time	
Client data entry	10%	
Scheduled/ taught individual prenatal classes	55%	
Followed up with students over the telephone	15%	
preparing gift packages for the EWYL graduates	20%	
<b>Total % of Time on Project:</b>		<b>100%</b>

<b>Sponsored Project:</b>	
<i>List Major Work Performed</i>	% of Time
<b>Total % of Time on Project:</b>	

<b>Sponsored Project:</b>	
<i>List Major Work Performed</i>	% of Time
<b>Total % of Time on Project:</b>	

  
Employee Signature

  
Approval Signature

4/9/2018  
Date

4/9/18  
Date



### Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Patricia Brown

Month/Year: Mar-18

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

<b>Sponsored Project:</b>		<b>Louisiana Alliance For Life</b>
<i>List Major Work Performed</i>	% of Time	
Data Entry - Enter client data into database; Prepare and submit monthly reports	40%	
Receptionist Duties - Answer phone and schedule appointments	30%	
Counseling - Give pregnancy test and referrals based on need, complete TANF paperwork	30%	
<b>Total % of Time on Project:</b>		100%

<b>Sponsored Project:</b>	
<i>List Major Work Performed</i>	% of Time
<b>Total % of Time on Project:</b>	

<b>Sponsored Project:</b>	
<i>List Major Work Performed</i>	% of Time
<b>Total % of Time on Project:</b>	

  
Employee Signature

  
Approval Signature

4-9-18  
Date

4-9-18  
Date



### Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Barbara Thomas Month/Year: Mar-18

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project: Work Performed	LA Alliance for Life - Project Directo - % of Time
Develop/Maintain relationships with Partner Pregnancy Centers	15%
Supervise program operations for the Women's Help Center	20%
Counsel Women at the Women's Help Center (Emergency situations only)	0%
Compliance: Oversee compliance for all subcontractors	20%
Compliance Visits & Training	0%

Worked close with Program Evaluator to implement evaluation plan	10%
Review and approve timesheets, employee absences, etc.	5%
Review and approve financial transactions, i.e., vendor and subcontractor payments, etc.	10%
Primary spokesperson and media representative for LA Alliance for Life (LAL)	5%
Staff Meetings	5%
<b>Total % of Time on Project:</b>	<b>90%</b>

Sponsored Project: Work Performed	Family Values Resource Institute, Inc. % of Time
Attending Board Planning Meetings	
Staff/Meeting Training	
Fundraising Planning	
<b>Total % of Time on Project:</b>	<b>10%</b>

Barbara Thomas  
Employee Signature

4/10/2018  
Date

Gail Hollins  
Approval Signature: Gail Hollins, FVRI Board Vice President

4/10/2018  
Date

## PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS					
	DESCRIPTION	RATE	HOURS	EARNINGS				REIMB & OTHER PAYMENTS				
**** 100 STAFF BI-WEEKLY												
35 Brown, Patricia A	LAL Hours			1,041.66		Social Security Medicare Fed Income Tax LA Income Tax	64.59 15.10 77.81 27.00	STD Post-Tax	36.72	Direct Deposit # 6799 Check Amt Chkg 0017	0.00 0.00 820.44	
<i>Data Entry Specialist</i>												
37 Davis, Allison	LAL Hours			1,041.66		Social Security Medicare LA Income Tax	64.59 15.10 26.00	STD Post-Tax	36.72	Net Pay Direct Deposit # 6800 Check Amt Chkg 3799	820.44 0.00 910.00	
<i>Education Specialist</i>												
4 David, Talisha	LAL Hours			1,041.66		Social Security Medicare Fed Income Tax LA Income Tax	64.59 15.10 63.13 32.00	STD Post-Tax	25.97	Net Pay Direct Deposit # 6801 Check Amt Chkg 0014	910.00 0.00 1,152.95	
<i>Compliance Coordinator</i>												
5 Ferris, Michael A	LAL Hours			1,458.33		Social Security Medicare Fed Income Tax LA Income Tax	90.41 21.15 101.38 48.00	STD Post-Tax	99.29	Net Pay Direct Deposit # 6802 Check Amt Chkg 1002	1,152.35 0.00 1,197.39	
<i>Project Administrator</i>												
11 Thomas, Barbara J	LAL Hours			208.34		Social Security Medicare LA Income Tax	126.17 30.21 155.63 68.00	STD Post-Tax	48.00	Net Pay Direct Deposit # 6804 Check Amt Chkg 0016	0.00 0.00 1,652.33	
<i>Project Director</i>												
12 Walker, Shirley	LAL Hours			2,083.34		Social Security Medicare Fed Income Tax LA Income Tax	64.59 15.10 99.01 27.00	STD Post-Tax	13.02	Net Pay Direct Deposit # 6805 Check Amt Chkg 2191	1,652.33 0.00 822.94	
<i>Client Svcs. Coordinator</i>												
100 STAFF BI-WEEKLY TOTALS												
7 Person(s) 7 Transaction(s)				Fvri LAL Hours	14.00	1,206.73 7,187.48	Social Security Medicare Fed Income Tax LA Income Tax	520.46 121.71 496.96 222.00	STD Post-Tax	222.00	Check Amt Dir Dep	0.00 6,800.08

EMPLOYEE NAME  
ID

HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS

WITHHOLDINGS

DEDUCTIONS

NET PAY  
ALLOCATIONS

DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
100 STAFF BI-WEEKLY TOTAL		14.00	8,394.21		1,371.13		223.00 Net Pay 6,800.08
				TOTAL EMPLOYER LIABILITY	Employer Liabilities		
				TOTAL TAX LIABILITY	Social Security 520.44 Medicare 121.71		
					642.15		
					2013.28		
**** 309 1099 Cenla Pregnancy...(IC)	1099 Misc Comp		2,200.00				Direct Deposit # 487 Check Amt 0.00 Chkg 1255 2,200.00
	EMPLOYEE TOTAL		2,200.00				Net Pay 2,200.00
20 Crossroads Preg...(IC)	1099 Misc Comp		1,200.00				Direct Deposit # 488 Check Amt 0.00 Chkg 1232 1,200.00
	EMPLOYEE TOTAL		1,200.00				Net Pay 1,200.00
Isaac, Laibsha S (IC)	1099 Misc Comp		361.81			Deduction	Direct Deposit # 489 Check Amt 0.00 Chkg 0010 1,556.57 Chkg 8302 90.00
	EMPLOYEE TOTAL		1,086.67			20.10	Net Pay 1,646.57
23 Life Choices of...(IC)	1099 Misc Comp		3,200.00				Direct Deposit # 490 Check Amt 0.00 Chkg 3581 3,200.00
	EMPLOYEE TOTAL		3,200.00				Net Pay 3,200.00
22 Pregnancy Probl...(IC)	1099 Misc Comp		2,200.00				Direct Deposit # 491 Check Amt 0.00 Chkg 2289 2,200.00
	EMPLOYEE TOTAL		2,200.00				Net Pay 2,200.00
27 Womens Center o...(IC)	1099 Misc Comp		3,200.00				Direct Deposit # 492 Check Amt 0.00 Chkg 9749 3,200.00
	EMPLOYEE TOTAL		3,200.00				Net Pay 3,200.00
28 Womens Help Center (IC)	1099 Misc Comp		2,200.00				Direct Deposit # 493 Check Amt 0.00 Chkg 8002 2,200.00
	EMPLOYEE TOTAL		2,200.00				Net Pay 2,200.00



## PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		
**** 300 1099 (cont.) Womans New Life... (IC) 24	1099 Misc Comp				2,400.00		Direct Deposit # 494 Check Amt 0.00 Chkg 0051 2,400.00 Net Pay 2,400.00
	EMPLOYEE TOTAL				2,400.00		
	300 1099 TOTALS						
8 Person(s) 8 Transaction(s)	1099 Misc Comp				18,246.57	Deduction 20.10	Check Amt 0.00 Dir Dep 18,246.57 Net Pay 18,246.57
	300 1099 TOTAL				18,246.57	20.10	
	300 1099 TOTALS						
15 Person(s) 15 Transaction(s)	Fvt LAL Hours		14.00	1,206.73	Social Security 520.46 Medicare 121.71 Fed Income Tax 496.96 LA Income Tax 232.00	Deduction 20.10	Check Amt 0.00 Dir Dep 25,046.85 Net Pay 25,046.85
	1099 Misc Comp			7,187.48	18,286.67	223.00	
	COMPANY TOTAL		14.00	8,394.21	18,286.67	243.10	
(IC) = Independent Contractor	COMPANY TOTAL						
					TOTAL EMPLOYER LIABILITY 642.15 TOTAL TAX LIABILITY 2,013.28		

## PAYROLL JOURNAL

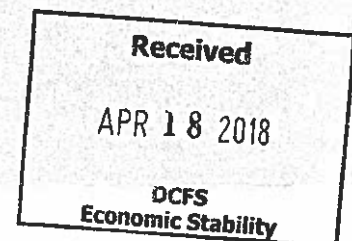
EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		
**** 100 STAFF BI-WEEKLY							
Brown, Patricia A 36 <i>Data Entry Specialist</i>	LAL Hours			1,041.67			
	EMPLOYEE TOTAL						
					Social Security 64.58 Medicare 15.10 Fed Income Tax 77.81 LA Income Tax 27.00	STD Post-Tax 36.72	Direct Deposit # 6806 0.00 Check Amt 820.46 Chkg 0017
Davis, Allison 37 <i>Education Specialist</i>	LAL Hours			1,041.67			
	EMPLOYEE TOTAL						
					Social Security 64.58 Medicare 15.10 LA Income Tax 26.00	STD Post-Tax 36.72	Net Pay 820.46 Direct Deposit # 6807 0.00 Check Amt 910.02 Chkg 3799
David, Talisha <i>Compliance Coordinator</i>	Fvri LAL Hours			437.50 1,020.84			
	EMPLOYEE TOTAL						
					Social Security 90.42 Medicare 21.15 Fed Income Tax 63.13 LA Income Tax 32.00	STD Post-Tax 25.97	Net Pay 910.02 Direct Deposit # 6808 0.00 Check Amt 1,152.35 Chkg 0014
Fertis, Michael A 5 <i>Project Administrator</i>	Fvri LAL Hours			291.67 1,166.67			
	EMPLOYEE TOTAL						
					Social Security 90.41 Medicare 21.15 Fed Income Tax 101.38 LA Income Tax 46.00	99.29	Net Pay 1,152.35 Direct Deposit # 6809 0.00 Check Amt Chkg 1002
Thomas, Barbara J 11 <i>Project Director</i>	Fvri LAL Hours			208.34 1,875.00			
	EMPLOYEE TOTAL						
					Social Security 125.16 Medicare 30.21 Fed Income Tax 155.63 LA Income Tax 66.00	STD Post-Tax 48.00	Net Pay 1,197.40 Direct Deposit # 6811 0.00 Check Amt Chkg 5358
Walker, Shirley 13 <i>Client Svcs. Coordinator</i>	LAL Hours			2,083.34 1,041.67			
	EMPLOYEE TOTAL						
					Social Security 64.58 Medicare 15.10 Fed Income Tax 98.01 LA Income Tax 27.00	46.00 STD Post-Tax 13.02	Net Pay 1,652.34 Direct Deposit # 6812 0.00 Check Amt 822.96 Chkg 2191
100 STAFF BI-WEEKLY TOTALS							
7 Person(s) 7 Transaction(s)	Fvri LAL Hours		14.00	1,206.73 7,187.52			
	EMPLOYEE TOTAL						
					Social Security 520.43 Medicare 121.71 Fed Income Tax 406.96 LA Income Tax 232.00	STD Post-Tax 223.00	Net Pay 6,800.35 Check Amt Dir Dep

Payroll Journal  
Page 2 of 2  
Division

*Final Proof of Payment - 941 Tax Payments*

## Transactions Details

Posting Date	04/16/2018
Transaction Date	04/16/2018
Description	IRS
Transaction Type	Debit
Amount	\$3,562.53
Balance	



*Fringe & 2008 SB payment  
941 2008 Pmt*

PAYCHEX, INC.  
401 WHITNEY AVENUE SUITE 200  
GRETNAL LA 70056  
(844) 729-9247

# **IMPORTANT REMINDERS**

- \*\*\* You are scheduled to report your next payroll on Wed 04/11/18.
- \*\*\* In compliance with the Federal Depository rules, your federal deposit frequency is Monthly. Please verify with your deposit frequency information notice from the IRS. If the frequency is different, notify your Payroll Specialist immediately.
- \*\*\* Payments made by EFT must be initiated one day prior to the due date.

## **Soc Sec and Med and Federal Withholding Tax**

EFTPS Mandated: Initiate new 941 EFT deposit for the specified quarter at least one banking day before the due date.  
Non-mandated: Initiate a 941 payment for the specified quarter at [www.efps.gov](http://www.efps.gov) at least one banking day before the due date.

Deposit Period:	03/01/18 - 03/31/18	Employee Social Security	1,040.89
Amount Due:	\$3,582.53	Employee Medicare	243.42
Due Date:	04/16/18	Employer Social Security	1,040.88
Quarter:	1	Employer Medicare	243.42
		Federal Withholding	993.92
Date Paid:	<i>4/10/18 (date 4/10)</i>	Federal ID:	72-1415039
Check Number:	<i>paid online</i>	Last Check Date:	03/30/18

## **Louisiana State Withholding Tax**

Please transfer the amount due for the specified deposit period to the appropriate withholding form and pay on or before the due date. If the due date falls on Saturday, Sunday, or a legal holiday, the deposit is due on the next banking day.

Deposit Period:	<del>01/01/18 - 03/31/18</del>	Total Earnings	50,489.99
Amount Due:	<del>\$1,355.00</del>	Reportable Amount	50,489.99
Due Date:	<del>04/30/18</del>	Income Tax	1,355.00
Date Paid:		State ID:	1750793001
Check Number:		Last Check Date:	03/30/18



0060-0060T846-002-086-1653

0060-7846

FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 74403  
BATON ROUGE LA 70874-4403

IRS



0060-0060T846-002-086-1653

# Fringe Proof of Payment - 941 Tax Payment

TAXPAYER NAME: FAMILY VALUES RESOURCE INSTITUTE

TIN: xxxxx5039

## Deposit Confirmation

Your payment has been accepted.

## Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

### REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

<b>EFT ACKNOWLEDGEMENT NUMBER:</b>	270850654455243
------------------------------------	-----------------

#### PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
<b>Taxpayer EIN</b>	xxxxx5039
<b>Tax Form</b>	941 Employers Federal Tax
<b>Tax Type</b>	Federal Tax Deposit
<b>Tax Period</b>	Q1/2018
<b>Payment Amount</b>	\$3,562.53
<b>Settlement Date</b>	04/16/2018
<b>Subcategories:</b>	
<b>1 Social Security</b>	\$2,081.77
<b>2 Medicare</b>	\$486.84
<b>3 Tax Withholding</b>	\$993.92
<b>Account Number</b>	xxx0000
<b>Account Type</b>	CHECKING
<b>Routing Number</b>	065400153
<b>Bank Name</b>	WHITNEY BANK

DEPARTMENT OF Children and Family Services  
OFFICE OF FAMILY SUPPORT MONTHLY BILLING FORM  
Alternatives to Abortion

CONTRACTOR: Family Values Resource  
Institute, Inc.  
ADDRESS: 7515 Scenic Hwy.

CFMS: 2000234086

Rep. Cat. 5071  
Org. 4274

Baton Rouge, LA 70807

MONTH AND YEAR OF  
SERVICE:

MARCH  
2018

CONTACT PERSON: Barbara Thomas

PHONE: 225-359-9001

**COST REIMBURSEMENT: Personnel Services**

Staff:	Project Director	\$ 3,750.00
	Project Adm.	\$ 2,333.34
	Educ. Specialist	\$ 2,083.33
	Compliance Coordinator	\$ 2,041.67
	Data Entry Specialist	\$ 2,083.33
	Client Svcs. Coord./Care Provider	\$ 2,083.33
	Fringes	\$ 1,099.68
	<b>SUBTOTAL</b>	<b>\$ 15,474.68</b>

**OTHER EXPENSES:**

Rent	\$ 1,200.00
Utilities	\$ 0.00
Printing	\$ 0.00
Copier Lease	\$ 196.90
Travel	\$ 0.00
Postage	\$ 12.90
Office Supplies	\$ 0.00
Service Provider Tm.	\$ 0.00
Telephone	\$ 250.00
Internet	\$ 75.00
Online Client Database	\$ 440.00
Accounting/Bookkeeping Services	\$ 2,609.72
Subcontractors	\$ 24,400.00
Public Relations Consultant	\$ 800.00
Evaluator	\$ 900.00
Auditor	\$ 0.00
Insurance	\$ 0.00
Maintenance	\$ 757.00
Electronic Payroll Transaction Fees	\$ 194.73
Equipment	\$ 0.00

**SUBTOTAL**

**\$ 31,836.25**

This completed form and supporting documentation is due to the following address by the 15<sup>th</sup> of the month following services:

Dept. of Children and Family Services  
P.O. Box 94065  
Baton Rouge, LA 70804-9065  
ATTN: Candice Kinney 5<sup>th</sup> Floor – 5-300-24

FOR DSS USE ONLY

INVOICE # \_\_\_\_\_

Reviewed and Approved:

\_\_\_\_\_  
DCFS Contract Services Representative Signature

\_\_\_\_\_  
Date



BARBARA J THOMAS  
7081 MODESTO AVE  
BATON ROUGE LA 70811

Project Director

90%

Stub 1

**PERSONAL AND CHECK INFORMATION**

Barbara J Thomas  
7081 Modesto Ave  
Baton Rouge, LA 70811  
Soc Sec #: xxx-xx-xxxx Employee ID: 11

Home Department: 100 Staff Bi-weekly

Pay Period: 03/01/18 to 03/15/18  
Check Date: 03/15/18 Check #: 6804

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0016	1652.33	8235.03
<b>NET PAY</b>	<b>1652.33</b>	<b>8235.03</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
Fvri			208.34	
LAL Hours			1875.00	
<b>Total Hours</b>				
<b>Gross Earnings</b>			2083.34	
<b>Total Hrs Worked</b>				

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
Social Security		129.17
Medicare		30.21
Fed Income Tax	M 1	155.63
LA Income Tax	S 0 1	68.00
<b>TOTAL</b>		<b>383.01</b>

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)
STD Post-Tax	48.00
<b>TOTAL</b>	<b>48.00</b>

Salary:

Stub 1 2083.34

Stub 2 2083.34

4166.68

X 90%

\$3,750.00

↑  
grant  
amt.

Fringe:

3750.00

X 7.65%

\$286.88

↑  
grant  
amt.

2,083.34 +

2,083.34 +

4,166.68 x

90 %

3,750.01 +

3,750.01 x

7.65 %

286.88 +

Total Salary

Total Fringe

**NET PAY**

**THIS PERIOD (\$)**  
**1652.33**

BARBARA J THOMAS  
7081 MODESTO AVE  
BATON ROUGE LA 70811

Project Director

90%

Stub 2

**PERSONAL AND CHECK INFORMATION**

Barbara J Thomas  
7081 Modesto Ave  
Baton Rouge, LA 70811  
Soc Sec #: xxx-xx-xxxx Employee ID: 11

Home Department: 100 Staff Bi-weekly

Pay Period: 03/16/18 to 03/31/18  
Check Date: 03/30/18 Check #: 6811

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0016	<u>1652.34</u>	<u>9887.37</u>
NET PAY	<u>1652.34</u>	<u>9887.37</u>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
-------------	-----------	------	------------------	-----------

Fvri			208.34	
LAL Hours			<u>1875.00</u>	
Total Hours				
Gross Earnings			2083.34	
Total Hrs Worked				

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
-------------	---------------	------------------

Social Security		129.16
Medicare		30.21
Fed Income Tax	M 1	155.63
LA Income Tax	S 0 1	68.00

<b>TOTAL</b>		<u>383.00</u>
--------------	--	---------------

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)
-------------	------------------

STD Post-Tax	48.00
<b>TOTAL</b>	<u>48.00</u>

**NET PAY**

**THIS PERIOD (\$)**  
1652.34

MICHAEL A FERRIS  
17714 NINE OAKS AVE  
BATON ROUGE LA 70817

Project Administrator

80%

Stub 1

**PERSONAL AND CHECK INFORMATION**

Michael A Ferris  
17714 Nine Oaks Ave  
Baton Rouge, LA 70817  
Soc Sec #: xxx-xx-xxxx Employee ID: 5

Home Department: 100 Staff Bi-weekly

Pay Period: 03/01/18 to 03/15/18  
Check Date: 03/15/18 Check #: 6802

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 1002	1197.39	5970.53
<b>NET PAY</b>	<b>1197.39</b>	<b>5970.53</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
Fvri			291.67	
LAL Hours			1166.67	
<b>Total Hours</b>				
<b>Gross Earnings</b>			1458.34	
<b>Total Hrs Worked</b>				

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
Social Security		90.42
Medicare		21.15
Fed Income Tax	M 0	101.38
LA Income Tax	S 0 0	48.00
<b>TOTAL</b>		<b>260.95</b>

Salary:

Stub 1 1458.34

Stub 2 1458.34

2916.68  
x 80%

\$2,333.34

↑  
grant  
amt

Fringe:

2333.34  
x 7.65%

\$178.50

↑  
grant  
amt

1,458.34 +

1,458.34 +

2,916.68 x

80% =

2,333.34 +

2,333.34 x

7.65% =

178.50 +

Total salary

Total Fringe

**NET PAY**

**THIS PERIOD (\$)**  
1197.39

MICHAEL A FERRIS  
17714 NINE OAKS AVE  
BATON ROUGE LA 70817

Project Administrator  
80%

Stub 2

**PERSONAL AND CHECK INFORMATION**

Michael A Ferris  
17714 Nine Oaks Ave  
Baton Rouge, LA 70817  
Soc Sec #: xxx-xx-xxxx Employee ID: 5

Home Department: 100 Staff Bi-weekly

Pay Period: 03/16/18 to 03/31/18

Check Date: 03/30/18 Check #: 6809

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 1002	1197.40	7167.93
NET PAY	1197.40	7167.93

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
-------------	-----------	------	------------------	-----------

Fvri			291.67	
LAL Hours			1166.67	
Total Hours				
Gross Earnings			1458.34	
Total Hrs Worked				

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
-------------	---------------	------------------

Social Security		90.41
Medicare		21.15
Fed Income Tax	M 0	101.38
LA Income Tax	S 0 0	48.00
TOTAL		260.94

NET PAY

THIS PERIOD (\$)  
1197.40

TALISHA DAVIS  
3829 NORTH YOSEMITE DRIVE  
BATON ROUGE LA 70814

Compliance Coordinator  
70%

Stub 1

**PERSONAL AND CHECK INFORMATION**

Talisha Davis  
3829 North Yosemite Drive  
Baton Rouge, LA 70814  
Soc Sec #: xxx-xx-xxxx Employee ID: 4

Home Department: 100 Staff Bi-weekly

Pay Period: 03/01/18 to 03/15/18  
Check Date: 03/15/18 Check #: 6801

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0014	1152.35	5756.85
NET PAY	1152.35	5756.85

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
-------------	-----------	------	------------------	-----------

Fvri			437.50	
LAL Hours			1020.83	
Total Hours				
Gross Earnings			1458.33	
Total Hrs Worked				

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
-------------	---------------	------------------

Social Security		90.41
Medicare		21.15
Fed Income Tax	M 2	63.13
LA Income Tax	M 0 2	32.00
TOTAL		206.69

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)
-------------	------------------

STD Post-Tax	99.29
TOTAL	99.29

Salary

Stub 1 1458.33

Stub 2 1458.34

2916.67

X 70%

\$2041.67

grant amt

Fringe:

2041.67

X 7.65%

\$156.19

1,458.33 +  
1,458.34 +  
2,916.67 x  
70% =  
2,041.67

2,041.67 x  
7.65% =  
156.19  
Total Fringe

NET PAY

THIS PERIOD (\$)  
1152.35

TALISHA DAVIS  
3829 NORTH YOSEMITE DRIVE  
BATON ROUGE LA 70814

Compliance Coordinator

70%

Stub 2

**PERSONAL AND CHECK INFORMATION**

Talisha Davis  
3829 North Yosemite Drive  
Baton Rouge, LA 70814  
Soc Sec #: xxx-xx-xxxx Employee ID: 4

Home Department: 100 Staff Bi-weekly

Pay Period: 03/16/18 to 03/31/18  
Check Date: 03/30/18 Check #: 6808

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0014	<u>1152.35</u>	<u>6909.20</u>
<b>NET PAY</b>	<b>1152.35</b>	<b>6909.20</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
-------------	-----------	------	------------------	-----------

Fvri			437.50	
LAL Hours			<u>1020.84</u>	
<b>Total Hours</b>				
<b>Gross Earnings</b>			1458.34	
<b>Total Hrs Worked</b>				

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
-------------	---------------	------------------

Social Security		90.42
Medicare		21.15
Fed Income Tax	M 2	63.13
LA Income Tax	M 0 2	32.00
<b>TOTAL</b>		<u>206.70</u>

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)
-------------	------------------

STD Post-Tax	99.29
<b>TOTAL</b>	<u>99.29</u>

**NET PAY**

**THIS PERIOD (\$)**  
**1152.35**

See Stub 1  
for calculations

ALLISON DAVIS  
17232 JEFFERSON HIGHWAY  
APT # 417  
BATON ROUGE LA 70817

Education Specialist

100%

Stub 1

**PERSONAL AND CHECK INFORMATION**

Allison Davis  
17232 Jefferson Highway  
Apt # 417  
Baton Rouge, LA 70817  
Soc Sec #: xxx-xx-xxxx Employee ID: 37

Home Department: 100 Staff Bi-weekly

Pay Period: 03/01/18 to 03/15/18  
Check Date: 03/15/18 Check #: 6800

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 3799	910.00	4554.03
<b>NET PAY</b>	<b>910.00</b>	<b>4554.03</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
-------------	-----------	------	------------------	-----------

Fvri				
LAL Hours			1041.66	
<b>Total Hours</b>				
<b>Gross Earnings</b>			1041.66	
<b>Total Hrs Worked</b>				

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
-------------	---------------	------------------

Social Security		64.59
Medicare		15.10
LA Income Tax	S 2 1	26.00

<b>TOTAL</b>		<b>105.69</b>
--------------	--	---------------

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)
-------------	------------------

STD Post-Tax	25.97
--------------	-------

<b>TOTAL</b>	<b>25.97</b>
--------------	--------------

Salary:

Stub 1 1041.66

Stub 2 1041.67

\$ 2083.33

↑  
grant  
amt

Fringe:

2083.33

x 7.65%

\$ 159.37

↑  
grant  
amt

Salary

1,041.66 +

1,041.67 +

2,083.33 x

7.65 %

159.37 +

Fringe

**NET PAY**

**THIS PERIOD (\$)**  
**910.00**

ALLISON DAVIS  
17232 JEFFERSON HIGHWAY  
APT # 417  
BATON ROUGE LA 70817

Education Specialist

100%

Stub 2

**PERSONAL AND CHECK INFORMATION**

Allison Davis  
17232 Jefferson Highway  
Apt # 417  
Baton Rouge, LA 70817  
Soc Sec #: xxx-xx-xxxx Employee ID: 37

Home Department: 100 Staff Bi-weekly

Pay Period: 03/16/18 to 03/31/18  
Check Date: 03/30/18 Check #: 6807

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 3799	910.02	5464.05
<b>NET PAY</b>	<b>910.02</b>	<b>5464.05</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
-------------	-----------	------	------------------	-----------

Fvri				
LAL Hours			1041.67	
<b>Total Hours</b>				
<b>Gross Earnings</b>			1041.67	
<b>Total Hrs Worked</b>				

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
-------------	---------------	------------------

Social Security		64.58
Medicare		15.10
LA Income Tax	S 2 1	26.00

<b>TOTAL</b>		105.68
--------------	--	--------

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)
-------------	------------------

STD Post-Tax	25.97
<b>TOTAL</b>	25.97

**NET PAY**

**THIS PERIOD (\$)**  
910.02

See stub 1  
for calculations



PATRICIA A BROWN  
6555 E MONARCH  
BATON ROUGE LA 70812

Data Entry Specialist

100%

Stub 1

**PERSONAL AND CHECK INFORMATION**

Patricia A Brown  
6555 E Monarch  
Baton Rouge, LA 70812  
Soc Sec #: xxx-xx-xxxx Employee ID: 35

Home Department: 100 Staff Bi-weekly

Pay Period: 03/01/18 to 03/15/18

Check Date: 03/15/18 Check #: 6799

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0017	820.44	4086.91
NET PAY	820.44	4086.91

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
-------------	-----------	------	------------------	-----------

Fvri				
LAL Hours			1041.66	
Total Hours				
Gross Earnings			1041.66	
Total Hrs Worked				

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
-------------	---------------	------------------

Social Security		64.59
Medicare		15.10
Fed Income Tax	S 1	77.81
LA Income Tax	S 0 1	27.00

<b>TOTAL</b>		184.50
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**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)
-------------	------------------

STD Post-Tax	36.72
--------------	-------

<b>TOTAL</b>	36.72
--------------	-------

Salary

Stub 1 1041.66

Stub 2 1041.67

\$ 2083.33

↑  
grant  
amt

Fringe

2083.33  
x 7.65%

\$ 159.37

↑  
grant  
amt

Salary  
1,041.66 +  
1,041.67 +  
2,083.33 x  
7.65 %  
159.37

Fringe

**NET PAY**

**THIS PERIOD (\$)**  
820.44

PATRICIA A BROWN  
6555 E MONARCH  
BATON ROUGE LA 70812

Data Entry Specialist

100%

Stub 2

**PERSONAL AND CHECK INFORMATION**

Patricia A Brown  
6555 E Monarch  
Baton Rouge, LA 70812  
Soc Sec #: xxx-xx-xxxx Employee ID: 35

Home Department: 100 Staff Bi-weekly

Pay Period: 03/16/18 to 03/31/18

Check Date: 03/30/18 Check #: 6806

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0017	<u>820.46</u>	<u>4907.37</u>
NET PAY	<u>820.46</u>	<u>4907.37</u>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
-------------	-----------	------	------------------	-----------

Fvri				
LAL Hours			<u>1041.67</u>	
Total Hours				
Gross Earnings			<u>1041.67</u>	
Total Hrs Worked				

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
-------------	---------------	------------------

Social Security		64.58
Medicare		15.10
Fed Income Tax	S 1	77.81
LA Income Tax	S 0 1	27.00

<b>TOTAL</b>		<u>184.49</u>
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**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)
-------------	------------------

STD Post-Tax	36.72
--------------	-------

<b>TOTAL</b>	<u>36.72</u>
--------------	--------------

See stub 1  
for calculations

**NET PAY**

<b>THIS PERIOD (\$)</b>
<u>820.46</u>

SHIRLEY WALKER  
6230 MAPLEWOOD DRIVE  
BATON ROUGE LA 70812

Client Services Coord.

100%

Stub 1

**PERSONAL AND CHECK INFORMATION**

Shirley Walker  
6230 Maplewood Drive  
Baton Rouge, LA 70812  
Soc Sec #: XXX-XX-XXXX Employee ID: 12

Home Department: 100 Staff Bi-weekly

Pay Period: 03/01/18 to 03/15/18  
Check Date: 03/15/18 Check #: 6805

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 2191	822.94	4099.41
<b>NET PAY</b>	<b>822.94</b>	<b>4099.41</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
LAL Hours			1041.66	
<b>Total Hours</b>				
<b>Gross Earnings</b>			1041.66	
<b>Total Hrs Worked</b>				

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
Social Security		64.59
Medicare		15.10
Fed Income Tax	S 1 +\$21.20	99.01
LA Income Tax	S 0 1	27.00
<b>TOTAL</b>		<b>205.70</b>

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)
STD Post-Tax	13.02
<b>TOTAL</b>	<b>13.02</b>

Salary:

Stub 1 1041.66

Stub 2 1041.67

\$2083.33

grant amt

Fringe

2083.33

x 7.65%

\$159.37

grant amt

Salary

1,041.66 +

1,041.67 +

2,083.33 x

7.65 %

Fringe

159.37 +

**NET PAY**

**THIS PERIOD (\$)**  
**822.94**

SHIRLEY WALKER  
6230 MAPLEWOOD DRIVE  
BATON ROUGE LA 70812

Client Services Coord.

100%

Stub 2

**PERSONAL AND CHECK INFORMATION**

Shirley Walker  
6230 Maplewood Drive  
Baton Rouge, LA 70812  
Soc Sec #: xxx-xx-xxxx Employee ID: 12

Home Department: 100 Staff Bi-weekly

Pay Period: 03/16/18 to 03/31/18  
Check Date: 03/30/18 Check #: 6812

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 2191	822.96	4922.37
NET PAY	822.96	4922.37

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
-------------	-----------	------	------------------	-----------

LAL Hours			1041.67	
Total Hours				
Gross Earnings			1041.67	
Total Hrs Worked				

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
-------------	---------------	------------------

Social Security		64.58
Medicare		15.10
Fed Income Tax	S 1 +\$21.20	99.01
LA Income Tax	S 0 1	27.00

<b>TOTAL</b>		205.69
--------------	--	--------

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)
-------------	------------------

STD Post-Tax	13.02
<b>TOTAL</b>	13.02

**NET PAY**

<b>THIS PERIOD (\$)</b> 822.96
-----------------------------------

See stub 1  
for calculations

Rent



# INVOICE

P.O. Box 74403  
Baton Rouge, LA 70874  
225-355-2725 Office 225-355-2742 Fax  
www.FVRI.org

INVOICE #: 201803

INVOICE DATE: 3/1/2018

Billed To: Louisiana Alliance For Life

DESCRIPTION	AMOUNT
Monthly Charge for Rental of 2,000 square feet of office space in 2500 square foot building at \$0.60 per square foot as stated in the budget narrative.	1,200.00
<div>Rent — 1,200.00 + Postage — 12.90 + Copier Lease — 106.90 + Telephone — 257.00 + Internet — 75.00 + Online Credit Database — 147.00 + Electronic Payroll — 194.73 + Maintenance — 3,125.53 *</div>	<div>+ 1200.00</div>
TOTAL	\$ 1,200.00





## Transactions Details

Posting Date	04/06/2018
Transaction Date	04/06/2018
Description	DDA CHECK 0000001611
Transaction Type	Debit
T/C	0075
Amount	\$1,200.00
Balance	

Front

Back

		WHITNEY BANK Member FDIC / whitneybank.com		1611 06-15754
<b>FAMILY VALUES RESOURCE INSTITUTE INC.</b> <b>DBA LOUISIANA ALLIANCE FOR LIFE</b> PO BOX 74403 PH. 225-359-8001 BATON ROUGE, LA 70874-4403		4/5/2018		
PAY TO THE ORDER OF Family Values Resource Institute, Inc		\$ **1,200.00		
One Thousand Two Hundred and 00/100*****		DOLLARS		
Family Values Resource Institute, Inc 7516 Scenic Highway Baton Rouge, LA 70807				
MEMO LAL Rent for March 2018		 AUTHORIZED SIGNATURE		
⑆001611⑆ ⑆065400153⑆				

*Rent*

## Transactions Details

Posting Date 04/06/2018

Transaction Date 04/06/2018

Description DDA CHECK 0000001611

Transaction Type Debit

T/C 0075

Amount \$1,200.00

Balance

Front

Back

040618 - 96120000990686 - 0655036815

PAY TO THE ORDER OF  
WHITNEY BANK  
SWITCH POLICE, LA 70005-0005  
000441001  
FOR DEPOSIT ONLY  
FAMILY VALUES RESOURCES  
INSTITUTE, INC.  
RESTRICTED FUND  
10040000

Postage  
\$12.90

=====

ISTROUMA  
5200 LONGFELLOW DR  
BATON ROUGE  
LA  
70805-2711  
2106300966  
03/15/2018 (800)275-8777 3:43 PM

=====

Product Description	Sale Qty	Final Price
PM 1-Day (Domestic) (BATON ROUGE, LA 70804) (Weight:1 Lb 00.00 Oz) (Expected Delivery Date) (Friday 03/16/2018)	1	\$6.70
Certified (USPS Certified Mail #) (7017145000032253075)	1	\$3.45
Return Receipt (USPS Return Receipt #) (9590940216096053111953)	1	\$2.75

Total \$12.90

Debit Card Remit'd \$12.90

(Card Name:VISA)  
(Account #:XXXXXXXXXX9477)  
(Approval #:  
(Transaction #:275)  
(Receipt #:007857)  
(Debit Card Purchase:\$12.90)  
(Cash Back:\$0.00)  
(Entry Mode:Chip)  
(AID:A0000000980840)  
(Application Label:US DEBIT)  
(PIN:Verified by PIN)  
(Cryptogram:1C4152E4A3DBA10B)  
(ARC:00)  
(CVR:420000)  
(IAD:06010A03602000)  
(TSI:6800)  
(TVR:8000048000)

Includes up to \$50 insurance

+ 12.90



Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602  
800-736-0220

Contract Number: 25411981  
Invoice Number: 58391409  
Account Number: 1053937  
Site Number: 3848724  
Invoice Date: 03/10/2018  
Period of Performance: 03/01/2018-03/31/2018  
Due This Period: \$218.98

Visit [www.lesseedirect.com](http://www.lesseedirect.com)

### IMPORTANT MESSAGES

Did you know you can...

\*Please review your equipment location(s) for tax purposes.

- ✓ View copies of your contract and open invoices
- ✓ Enroll in paperless invoicing
- ✓ Make a payment
- ✓ Set up automated/recurring payments

See Reverse For Important Information

### INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$179.00	\$17.90	\$196.90	\$0.00	\$196.90
INSURANCE	\$20.07	\$2.01	\$22.08	\$0.00	\$22.08
Billed this Invoice	\$199.07	\$19.91	\$218.98	\$0.00	\$218.98
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$218.98

(Please see the following pages for details.)

### ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make/Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25411981	A7PY01100010		KONMIN / BHC308	25411981_1				\$179.00	\$17.90	\$196.90

Asset Location: 7515 SCENIC HWY BATON ROUGE EAST BATON ROUGE LA 70807-5447 United States

Asset Amount Total: \$196.90

*Paid 3-28-18  
Chk # 1062 (Guaranty Bank)  
218.98*

Copier Lease \$196.90

## FAMILY VALUES RESOURCE INSTITUTE INC

PO BOX 74403  
BATON ROUGE, LA 70874  
(225) 359-9001

1062

31-498 657  
01

DATE 3-23-18

CENTURY BANK

PAY  
TO THE  
ORDER OF

DE LAGE LANDEN FINANCIAL SERVICES \$ 218.98

Two Hundred Eighteen &amp; 98/100 DOLLARS

Guaranty Bank

FOR INVOICE # 58391409

Barbara J. Thomas

⑈001062⑈ ⑆065204980⑆

20180328  
>031000053<  
PNC Bank  
DEF. TO CR. PAYEE  
ABS. OF END. CTD.  
>031000053<20180328  
022597



March 05, 2018

**CONTACT US:** [www.coxbusiness.com](http://www.coxbusiness.com)

866-272-5777

(NOT FOR PAYMENTS)  
DEPARTMENT # 102430  
PO BOX 1259  
OAKS, PA 19456  
6400 0210 NO RP 05 03062018 NNNNNNNY 01 000708 0003  
FAMILY VALUES RESOURCE INSTITUTE  
INC  
7515 SCENIC HWY  
BATON ROUGE LA 70807-5447

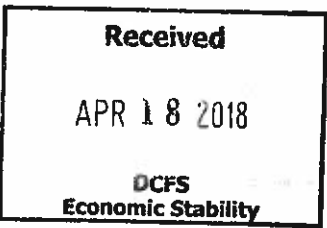


Account Number **001 5711 071045903**  
COX PIN **7515**  
SERVICE ADDRESS **7515 SCENIC HWY  
BATON ROUGE, LA 70807-5447**



**ACCOUNT SUMMARY as of Mar 5, 2018**

Previous Balance	\$533.23
Payment Received - Feb 28	-\$533.23
Remaining Previous Balance	\$0.00
New Charges: Mar 5, 2018 - Apr 4, 2018	
TV	\$79.99
Internet	\$115.00
Telephone	\$264.75
Cox Toll Free	\$5.00
Usage Charges(Phone)	\$0.01
Taxes, Fees and Surcharges	\$81.08
New Charges	\$545.83
Total Due By Mar 27, 2018	\$545.83



*paid 3-23-18*

*X 260.00  
X 175.00*

*Internet  
\$75.00*

*Telephone  
\$260.00*

## March 05, 2018 Bill for FAMILY VALUES RESOURCE

## INSTITUTE

Account number 001 5711 071045903

Page 2 of 4

**MONTHLY SERVICES Mar 5 - Apr 4****TV**

Digital Adapter \$1.99  
 Cox Business TV Starter (qty 2) 20.00  
 Business TV Essential (qty 2) 38.00  
 Cox Business Advanced TV 4.00  
 Business TV DVR/HD Advanced Receiver 8.50

**Other Fees and Surcharges**

Regional Sports Surcharge \$3.50  
 Broadcast Surcharge 4.00

**Total TV \$79.99**

**INTERNET**

CBI 100 - 100 Mbps x 20 Mbps \$115.00

**Total Internet \$115.00**

**TELEPHONE**

225-355-2725

VoiceManager Flat Rated Local Line \$25.00

Network Interface Fee - Multi-Line 9.25

Cox Business Unlimited 5.00

Business VoiceManager Group 0.00

Hunting 0.00

Individual Voice Mailbox 0.00

VoiceManager Office Package 0.00

225-355-2333

VoiceManager Flat Rated Local Line 25.00

Network Interface Fee - Multi-Line 9.25

Cox Business Unlimited 5.00

DIRECTORY LISTING-NON PUBLISHED 0.00

VoiceManager Office Package 0.00

**Monthly Services cont.**

225-356-1101

VoiceManager Flat Rated Local Line 25.00

Network Interface Fee - Multi-Line 9.25

Cox Business Unlimited 5.00

DIRECTORY LISTING-NON PUBLISHED 0.00

VoiceManager Office Package 1 0.00

225-357-6822

VoiceManager Flat Rated Local Line 25.00

Network Interface Fee - Multi-Line 9.25

Cox Business Unlimited 5.00

DIRECTORY LISTING-NON PUBLISHED 0.00

VoiceManager Office Package 0.00

225-357-6880

VoiceManager Flat Rated Local Line 25.00

Network Interface Fee - Multi-Line 9.25

Cox Business Unlimited 5.00

DIRECTORY LISTING-NON PUBLISHED 0.00

VoiceManager Office Package 0.00

225-359-9001

VoiceManager Flat Rated Local Line 25.00

Network Interface Fee - Multi-Line 9.25

Cox Business Unlimited 5.00

DIRECTORY LISTING-NON PUBLISHED 0.00

VoiceManager Office Package 0.00

225-355-2742

VoiceManager Flat Rated Local Line 15.00

Network Interface Fee - Multi-Line 9.25

Cox Business Unlimited 5.00

DIRECTORY LISTING-NON PUBLISHED 0.00

<b>Monthly Services cont.</b>	
VoiceManager Utility Line	0.00
<b>Total Telephone</b>	<b>\$264.75</b>
<b>COX TOLL FREE</b>	
855-696-2333	
Cox Toll Free Svc - Switched	\$5.00
<b>Total Cox Toll Free</b>	<b>\$5.00</b>
<b>TOTAL MONTHLY SERVICES</b>	<b>\$464.74</b>

**USAGE CHARGES**

<b>Telephone Usage</b>	
Usage for 225-355-2333	
Intrastate Long Distance	\$0.00
Usage for 225-356-1101	
Intrastate Long Distance (qty 2)	0.00
Usage for 225-357-6822	
Intrastate Long Distance (qty 2)	0.00
Interstate Cox LD - CB	0.00
Usage for 225-357-6880	
Intrastate Long Distance (qty 2)	0.00
Usage for 225-359-9001	
Intrastate Long Distance (qty 4)	0.00
Interstate Cox LD - CB (qty 9)	0.00
<b>Total Telephone Usage</b>	<b>\$0.00</b>
<b>Toll Free Usage</b>	
Usage for 855-696-2333	
Intrastate Toll Free - CB	\$0.01
<b>Total Toll Free Usage</b>	<b>\$0.01</b>
<b>TOTAL USAGE CHARGES</b>	<b>\$0.01</b>

**TAXES, FEES AND SURCHARGES**

<b>TV Taxes and Fees</b>	
FCC Fee	\$0.08
Franchise Fee	4.38
PEG Access Fee	0.46
<b>Total TV Taxes and Fees</b>	<b>\$4.92</b>
<b>Telephone Taxes, Fees and Surcharges</b>	
<b>Taxes</b>	
E-911 Tax (Commercial)	\$10.50
Interstate Telecomm Services	0.16
Federal Excise Tax	7.56
State Sales Tax	10.72
<b>Total Taxes</b>	<b>\$28.94</b>
<b>Fees and Surcharges</b>	
Access Recovery Fee - Multi-Line	\$10.00
Telecommunications Tax for the Deaf	0.28
Carrier Cost Recovery Fee	0.67
Federal Universal Service Fund	19.40
Public Utility Excise Tax	11.99
Louisiana Universal Service Fund	4.88
<b>Total Fees and Surcharges</b>	<b>\$47.22</b>

**Taxes, Fees and Surcharges cont.**

<b>Total Telephone Taxes, Fees and Surcharges</b>	<b>\$76.16</b>
<b>TOTAL TAXES, FEES AND SURCHARGES</b>	<b>\$81.08</b>
<b>TOTAL NEW CHARGES</b>	<b>\$545.83</b>

**TELEPHONE USAGE DETAILS for 225-355-2333****Intrastate Long Distance**

Time	Place	Number	Min: Sec	Rate/Time	Amt
Feb 7					
12:05P	NEWORLEA ,LA	504-210-5728	:42	DD/D	0.0000
<b>Total Intrastate Long Distance</b>			<b>:42</b>		<b>\$0.00</b>

**TELEPHONE USAGE DETAILS for 225-356-1101****Intrastate Long Distance**

Time	Place	Number	Min: Sec	Rate/Time	Amt
Feb 6					
11:38A	NEWORLEA ,LA	504-277-6831	7:54	DD/D	0.0000
Feb 8					
08:47A	LAFAYETTE ,LA	337-233-3368	1:18	DD/D	0.0000
<b>Total Intrastate Long Distance</b>			<b>9:12</b>		<b>\$0.00</b>

**TELEPHONE USAGE DETAILS for 225-357-6822****Intrastate Long Distance**

Time	Place	Number	Min: Sec	Rate/Time	Amt
Feb 22					
12:20P	NEWORLEA ,LA	504-301-3274	:36	DD/D	0.0000
Feb 27					
10:26A	NEWORLEA ,LA	504-301-3274	:24	DD/D	0.0000
<b>Total Intrastate Long Distance</b>			<b>1:00</b>		<b>\$0.00</b>

**Interstate Long Distance**

Time	Place	Number	Min: Sec	Rate/Time	Amt
Feb 20					
01:58P	FOREST ,IL	708-834-3639	:24	DD/D	0.0000
<b>Total Interstate Long Distance</b>			<b>:24</b>		<b>\$0.00</b>

**TELEPHONE USAGE DETAILS for 225-357-6880****Intrastate Long Distance**

Time	Place	Number	Min: Sec	Rate/Time	Amt
Feb 22					
09:47A	NEWORLEA ,LA	504-301-3274	2:30	DD/D	0.0000
Feb 26					
12:45P	NEWORLEA ,LA	504-301-3274	:36	DD/D	0.0000
<b>Total Intrastate Long Distance</b>			<b>3:06</b>		<b>\$0.00</b>

**TELEPHONE USAGE DETAILS for 225-359-9001****Intrastate Long Distance**

Time	Place	Number	Min: Sec	Rate/Time	Amt
Feb 14					
11:48A	NEWORLEA ,LA	504-729-7567	:42	DD/D	0.0000
Feb 19					
02:38P	LAFAYETTE ,LA	337-257-1894	17:42	DD/D	0.0000
Feb 27					
03:22P	OPELOUSAS,LA	337-290-9595	1:06	DD/D	0.0000

**March 05, 2018 Bill for FAMILY VALUES RESOURCE INSTITUTE**

Account number 001 5711 071045903

Page 4 of 4

**Telephone Usage Details cont.**

03:27P OPELOUSAS,LA	337-290-9595	9:18 DD/D	0.0000
<b>Total Intrastate Long Distance</b>		<b>28:48</b>	<b>\$0.00</b>

**Interstate Long Distance**

Time	Place	Number	Min: Sec	Rate/Time	Amt
Feb 7					
11:46A	MEMPHIS ,TN	901-440-5446	:06	DD/D	0.0000
Feb 14					
01:36P	SANANTONI,TX	210-398-0403	:06	DD/D	0.0000
Feb 19					
12:46P	ATLANTA N ,GA	770-638-3444	1:54	DD/D	0.0000
02:02P	SANANTONI,TX	210-398-0403	1:06	DD/D	0.0000
03:10P	PLATTEVL ,WI	608-331-7097	:42	DD/D	0.0000
Feb 27					
01:12P	HOUSTON ,TX	832-294-4313	5:06	DD/D	0.0000
Feb 28					
11:40A	TUCSON ,AZ	520-232-2121	18:42	DD/D	0.0000
Mar 1					
11:11A	OCSO OCSO,CA	442-615-7221	3:12	DD/D	0.0000
11:21A	GRANDPRA ,TX	214-998-9203	1:36	DD/D	0.0000
<b>Total Interstate Long Distance</b>		<b>32:30</b>			<b>\$0.00</b>

**TELEPHONE USAGE DETAILS for 855-696-2333****Intrastate Toll Free**

Time	Place	From Number	Min: Sec	Rate/Time	Amt
Feb 5					
11:18A	BATONROUG,LA	225-241-4264	:06	DD/D	0.0050
<b>Total Intrastate Toll Free</b>			<b>:06</b>		<b>\$0.01</b>

**Rate Codes**

DD = Direct Dial

**Time Codes**

D = Day

**NEWS FROM COX**

**ANNUAL NOTICE OF PREFERRED CARRIER FREEZE OPTION:** In accordance with LPSC regulations, this is to notify you that upon request, Cox can place a Preferred Carrier (PC) Freeze on your account to prevent your Long Distance provider from being changed without your consent. The freeze is offered at no charge and will remain in place until we receive express verbal or written consent to remove. Please call Customer Care at the number on this bill statement if you wish to add a PC Freeze.

**CUSTOMER INFORMATION****Billing, Payment Policies and Fees:**

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$25.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid,

**Customer Information cont.**

you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

**Closed Captioning:** If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

**Basic Local Telephone Service:** You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

**911 Services:** If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will **not** be available. Please review the following website for additional important information about Cox's 911 practices: <https://www.cox.com/business/phone/e911-regulatory.html>.

**Louisiana Do Not Call List**

To reduce unsolicited telemarketing calls, LA residential customers can now register, at no charge, for the LA "Do Not Call" program. To register, please contact the LPSC at 1-877-676-0773 or register online at <http://www.lpsc.org>. Business numbers may not be included on the list. To be included in the National "Do Not Call" registry, please contact the FTC at 1-888-382-1222 or visit [www.donotcall.gov](http://www.donotcall.gov).

Businesses currently engaging or wishing to engage in telephonic solicitation of residential telephone customers in Louisiana must register annually with the Louisiana Public Service Commission (LPSC) to subscribe to the "Do Not Call" register. The register, updated quarterly, contains telephone numbers of residential customers who prefer not to be solicited. "Do Not Call" program rules and registration information may be found on the LPSC website: [www.lpsc.org/donotcall](http://www.lpsc.org/donotcall), or by calling 1-877-676-0773 toll free. Fines and penalties may be imposed on telephonic solicitors who do not comply with these rules.

**Billing Dispute and Resolution**

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.

To dispute the outcome related to your cable service, you may file a complaint with your local franchising authority: CITY OF BATON ROUGE, PO BOX 1471, BATON ROUGE, LA 70821


CHASE BUSINESS

Printed from Chase for Business

Check

Telephone \$250<sup>00</sup> Internet \$75<sup>00</sup>

Front

<b>FAMILY VALUES RESOURCE INSTITUTE, INC</b> Serving Families For Over 20 Years P.O. BOX 74403 BATON ROUGE, LA 70874 225-359-9001		<b>CHASE</b> JPMorgan Chase Bank, N.A. www.Chase.com 84-13/654	5018 3/19/2018
PAY TO THE ORDER OF Cox Business		\$ 545.83	DOLLARS Security Features. Details on back.
Five Hundred Forty-Five and 83/100			
Cox Business P.O. Box 919243 Dallas TX. 75391-9243			
MEMO TV, Internet, & Telephone Services		AUTHORIZED SIGNATURE 	
⑈005018⑈ ⑈065400137⑈		⑈0000054583⑈	

Back

* FEDERAL RESERVE BOARD OF GOVERNORS REG. CO.		ENDORSE HERE <input type="checkbox"/> CHECK HERE AFTER MOBILE OR NOTE DEPOSIT
JPMORGANCHASE BK NA 032818 >074908962 37689509 0919243 00005090 175		CR TO NMD PAYEE ALL RTS RSVD 00000000701331795

 Post date  
 Mar 28, 2018

 Check #  
 5018

 Check amount  
 \$545.83



Online Client Database

234 Mountain Forest Trail  
Calera, AL 35040

# Invoice

DATE	INVOICE #
3/31/2018	MB-18571

<b>BILL TO</b>
Louisiana Alliance for Life Crossroads Pregnancy Resource Center 105 Saint Louis Street Thibodaux, LA 70301

Client Data Base  
X 175.00

Online Client Database

Crossroads — 75.00 +  
Center — 50.00 +  
Women's Ctr (Laf) 50.00 +  
Women's New Life (B) 50.00 +  
Pregnancy Prods 50.00 +  
Life Choice Mnt 50.00 +  
Family Values 90.00 +  
140.00 \*

DUE DATE
4/30/2018

ITEM		QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Mon		75.00	75.00
			<b>Total</b>	\$75.00
			<b>Payments/Credits</b>	\$0.00
			<b>Balance Due</b>	\$75.00

Phone #
888-746-6753

E-mail
mike@waycoolsw.com



Payment sent  
We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-18571

Invoice total \$75.00

Amount paid \$75.00

Balance Due \$0.00

Date paid April 11, 2018

Payment method      Checking ●●●●1380

Transaction ID a0hywfcq

Online Client Database → INV # MB-18571



## Transactions Details

Posting Date	04/12/2018
Transaction Date	04/12/2018
Description	SALE WAY COOL SOFTWARE 041218
Transaction Type	Debit
T/C	0036
Amount	\$75.00
Balance	

234 Mountain Forest Trail  
Calera, AL 35040

## Invoice

DATE	INVOICE #
3/31/2018	MB-18538

<b>BILL TO</b>
Louisiana Alliance for Life Cenla Pregnancy Center PO Box 13907 Alexandria, LA 71315

+ 50.00

DUE DATE
4/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00
			<b>Total</b>	<b>\$50.00</b>
			<b>Payments/Credits</b>	<b>\$0.00</b>
			<b>Balance Due</b>	<b>\$50.00</b>

<b>Phone #</b>
888-746-6753

<b>E-mail</b>
mike@waycoolsw.com

# Online Client Database

Page 1 of 1

Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-18538

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paid April 11, 2018

Payment method      Checking ●●●●1380

Transaction IDa0hywec0

Online Client Database &gt; Inv# MB-18538



## Transactions Details

Posting Date	04/12/2018
Transaction Date	04/12/2018
Description	SALE WAY COOL SOFTWARE 041218
Transaction Type	Debit
T/C	0036
Amount	\$50.00
Balance	

## waycool software, inc.

## 234 Mountain Forest Trail

Calera, AL 35040

# Invoice

<b>DATE</b>	<b>INVOICE #</b>
<b>3/31/2018</b>	<b>MB-18824</b>

<b>BILL TO</b>
<b>Louisiana Alliance for Life Women's Center of Lafayette 1331 Jefferson Avenue Lafayette, LA 70501</b>

+ 50,00

<b>DUE DATE</b>
<b>4/30/2018</b>

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00

		<b>Total</b>	<b>\$50.00</b>
		<b>Payments/Credits</b>	<b>\$0.00</b>
<b>Phone #</b>	<b>E-mail</b>	<b>Balance Due</b>	<b>\$50.00</b>

<b>Phone #</b>
888-746-6753

E-mail
mike@waycoolsw.com

# Online Client Database

Page 1 of 1

Payment sent  
We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-18824

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paidApril 11, 2018

Payment method      Checking ●●●●1380

Transaction IDa0hywcd6

Online Client Database &gt; INV # MB-18824



## Transactions Details

Posting Date	04/12/2018
Transaction Date	04/12/2018
Description	SALE WAY COOL SOFTWARE 041218
Transaction Type	Debit
T/C	0036
Amount	\$50.00
Balance	



234 Mountain Forest Trail  
Calera, AL 35040

## Invoice

DATE	INVOICE #
3/31/2018	MB-18822

<b>BILL TO</b>
Louisiana Alliance for Life Woman's New Life Center-Baton Rouge 760 Colonial Dr Baton Rouge, LA 70806

50.00

DUE DATE
4/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00
			<b>Total</b>	<b>\$50.00</b>
			<b>Payments/Credits</b>	<b>\$0.00</b>
			<b>Balance Due</b>	<b>\$50.00</b>

<b>Phone #</b>
888-746-6753

<b>E-mail</b>
mike@waycoolsw.com

# Online Client Database

Page 1 of 1

Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-18822

---

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paid April 11, 2018

Payment method      Checking ●●●●1380

Transaction ID a0hywaxf

Online Client Database - INV # MB-18822



## Transactions Details

Posting Date	04/12/2018
Transaction Date	04/12/2018
Description	SALE WAY COOL SOFTWARE 041218
Transaction Type	Debit
T/C	0036
Amount	\$50.00
Balance	

234 Mountain Forest Trail  
Calera, AL 35040

## Invoice

DATE	INVOICE #
3/31/2018	MB-18741

<b>BILL TO</b>
Louisiana Alliance for Life Pregnancy Problem Center 4724 Jamestown Avenue Baton Rouge, LA 70808

*\$50.00*

DUE DATE
4/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00
			<b>Total</b>	<b>\$50.00</b>
			<b>Payments/Credits</b>	<b>\$0.00</b>
			<b>Balance Due</b>	<b>\$50.00</b>

<b>Phone #</b>
888-746-6753

<b>E-mail</b>
mike@waycoolsw.com

# Online Client Database

Page 1 of 1

Payment sent  
We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-18741

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paid April 11, 2018

Payment method      Checking ●●●●1380

Transaction ID a0hyw9ik

Online Client Database &gt; INV # MB-18741



## Transactions Details

Posting Date	04/12/2018
Transaction Date	04/12/2018
Description	SALE WAY COOL SOFTWARE 041218
Transaction Type	Debit
T/C	0036
Amount	\$50.00
Balance	

waycool software, inc.

**234 Mountain Forest Trail  
Calera, AL 35040**

# Invoice

DATE	INVOICE #
3/31/2018	MB-18652

<b>BILL TO</b>
<b>Louisiana Alliance for Life Life Choices of North Central Louisiana 211 West Texas Avenue Ruston, LA 71270</b>

X 175.00

<b>DUE DATE</b>
4/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		75.00	75.00
			<b>Total</b>	<b>\$75.00</b>

Phone #
388-746-6753

**E-mail**  
mike@waycoolsw.com

<b>Payments/Credits</b>	<b>\$0.00</b>
<b>Balance Due</b>	<b>\$75.00</b>

# Online Client Database

Page 1 of 1

Payment sent  
We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-18652

Invoice total \$75.00

Amount paid \$75.00

Balance Due \$0.00

Date paid April 11, 2018

Payment method      Checking ●●●●1380

Transaction ID a0hywdfv



Online Client Database - INV # MB-18652



## Transactions Details

Posting Date	04/12/2018
Transaction Date	04/12/2018
Description	SALE WAY COOL SOFTWARE 041218
Transaction Type	Debit
T/C	0036
Amount	\$75.00
Balance	

# Online Client Database

**waycool software, inc.**

234 Mountain Forest Trail  
Calera, AL 35040

## Invoice

DATE	INVOICE #
3/31/2018	MB-18586

### BILL TO

Louisiana Alliance for Life  
Family Values Resource Institute, Inc.  
Post Office Box 74403  
Baton Rouge, LA 70874

+ 90.00

### DUE DATE

4/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		75.00	75.00
CoolFocus Text S...	CoolFocus Text Service		15.00	15.00
			<b>Total</b>	<b>\$90.00</b>
			<b>Payments/Credits</b>	<b>\$0.00</b>
			<b>Balance Due</b>	<b>\$90.00</b>

Phone #

888-746-6753

E-mail

mike@waycoolsw.com

# Online Client Database

Page 1 of 1

Payment sent  
We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-18586

Invoice total \$90.00

Amount paid \$90.00

Balance Due \$0.00

Date paid April 11, 2018

Payment method      Checking ●●●●1380

Transaction ID a0hyw7un

Online Client Database - /NV # MB-18586



## Transactions Details

Posting Date	04/12/2018
Transaction Date	04/12/2018
Description	SALE WAY COOL SOFTWARE 041218
Transaction Type	Debit
T/C	0036
Amount	\$90.00
Balance	

**PAYCHEX****NOTICE OF AUTOMATIC PAYMENT**

Paychex of New York LLC  
4324 South Sherwood Forest Blvd Suite 125  
Baton Rouge LA 70816

Client # 0060 0060-T846  
Invoice # 2018032900

**AUTOMATIC PAYMENT \$204.72**

This amount will be deducted from the following bank account at or after 12:01 A.M. on 4/10/18.

XXXXX0000

**ADDRESS SERVICE REQUESTED**

0060 0060-T846  
Family Values Resource Institute Inc  
Institute Inc  
Po Box 74403  
Baton Rouge, Louisiana 70874-4403

Electronic Payroll Transaction Fees \$194.73

For questions regarding your account, please call (225) 291-7773

Page 1 of 1

+ 194.73

ACCOUNT SUMMARY				AMOUNT
Previous Balance on Invoice#2018030100 Due 03/12/18				242.33
Payment Received - Thank You				-242.33
Balance Forward				0.00
Total New Charges				204.72
Account Balance (Includes Balance Forward, New Charges, and Pending Automatic Payments)				204.72

CHECK DATE	DESCRIPTION OF SERVICE	PROCESSING DATE	# TRANSACTIONS	AMOUNT
NEW CHARGES				
03/15/18	Payroll/Taxpay®	03/12/18	15	95.36
	Direct Deposit		9	21.55
03/30/18	Payroll/Taxpay®	03/27/18	8	66.26
	Direct Deposit		9	21.55
Total New Charges				204.72
Automatic Payment (Includes New Charges and applicable credits from Balance Forward above)				204.72
Payroll/Taxpay Includes: Payroll Processing, Extra Payroll Reports				

**PRICE INCREASE NOTIFICATION**

Your May Paychex invoice may include a nominal price increase. The specific amount depends on your combination of services. Please feel free to contact your Client Service Representative with any questions. We appreciate the opportunity to serve your business.

Thank you for choosing Paychex.



*Electronic Payroll Transaction Fees \$194.72*

## Transactions Details

Posting Date	04/10/2018
Transaction Date	04/10/2018
Description	INVOICE PAYCHEX EIB 041018
Transaction Type	Debit
T/C	0036
Amount	\$204.72
Balance	

# Maintenance - Janitorial

Willing Mind Janitorial Service, LLC.

P. O. Box 1773

Prairieville, LA 70769

(225) 677-9839

wmjanitorial@yahoo.com



## INVOICE

### BILL TO

Barbara J. Thomas  
Family values Resource  
Institute, Inc.  
7515 Scenic Highway  
Baton Rouge, La. 70807

INVOICE # 2567

DATE 04/05/2018

DUE DATE 04/05/2018

TERMS Due on receipt

### ACTIVITY

#### Services

Janitorial Service - March

### AMOUNT

757.00

BALANCE DUE

**\$757.00**

*Maintenance  
Office Cleaning  
+ 757.00*

Maintenance - Janitorial



## Transactions Details

Posting Date	04/09/2018
Transaction Date	04/09/2018
Description	DDA CHECK 0000001610
Transaction Type	Debit
T/C	0077
Amount	\$757.00
Balance	

Front

Back



FAMILY VALUES RESOURCE INSTITUTE INC.  
DBA LOUISIANA ALLIANCE FOR LIFE  
PO BOX 74403 · PH. 225-359-0001  
BATON ROUGE, LA 70874-4403

WHITNEY BANK  
Member FDIC / whitneybank.com

1610

321694

4/5/2018

PAY TO THE  
ORDER OF

Writing Minds Janitorial Services, LLC

\$ 757.00

Seven Hundred Fifty-Seven and 00/100

DOLLARS

Writing Minds Janitorial Services, LLC  
PO Box 1773  
Prairieville, LA 70769

MEMO

March. 2018 invoice #2567

⑈001610⑈ ⑆065400153⑆

*Barbara J. Thomas*  
AUTHENTIC SIGNATURE

Received

APR 18 2018

DCFS  
Economic Stability



*Maintenance-Sanitorial*

## Transactions Details

Posting Date	04/09/2018
Transaction Date	04/09/2018
Description	DDA CHECK 0000001610
Transaction Type	Debit
T/C	0077
Amount	\$757.00
Balance	

Front

Back

>021407912<  
CAPITAL ONE, NA  
0013620932 04092018  
RICHMOND, VA 279 21  
RDC Deposit 2081557678

*Deposit only*

# Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2  
Baton Rouge, LA 70816

# Invoice

Date	Invoice #
4/1/2018	82

<b>Bill To</b>
FVRI 7515 Scenic Highway Baton Rouge, LA 70807

Total Professional Services

Evaluator - 900.00 +  
Public Relations 800.00 +  
Bookkeeping/Asst. 1,304.86 3/16-3/30  
1,304.86 3/16-3/30  
4,309.72

Total

Quantity	Description	Project	Amount
	<p>Evaluation Activities for March 2018</p> <ul style="list-style-type: none"> <li>•Requested data from subcontractors and reminded them of deadline.</li> <li>•Reminded subcontractors to complete the client service forms.</li> <li>•Responded to subcontractors' emails.</li> <li>•Responded to subcontractors telephone calls.</li> <li>•Checked for subcontractors' data on database.</li> <li>•Checked for subcontractors, whose data was not on the Number of Women Who Commit to Full-Term Pregnancy, report.</li> <li>•Entered data on TANF database.</li> <li>•Called Barbara Thomas that data had been entered on TANF database.</li> <li>•Emailed and called Michael Ferris that data was complete and ready for approval.</li> <li>•Sent email to Barbara and Michael re year-to-date performance indicators, and suggestions for corrective actions.</li> </ul>		900.00
<b>Total</b>			<b>\$900.00</b>

Handwritten notes and calculations:

- 900.00 + 800.00 = 1,700.00
- 1,700.00 + 1,304.86 = 3,004.86
- 3,004.86 + 1,304.86 = 4,309.72
- Handwritten: "Evaluator - Public Relations"
- Handwritten: "Evaluation - Public Relations"
- Handwritten: "900.00"

Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2  
Baton Rouge, LA 70816

# Invoice

Date	Invoice #
4/1/2018	83

<b>Bill To</b>
FVRI 7515 Scenic Highway Baton Rouge, LA 70807

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Public Relations activities for February 2018: * Scheduled several appointments with Ashley and Michael of nola.com. * Met with Sarah on several occasions of nola.com. * Responded to emails	800.00	800.00
		<b>Total</b>	<b>\$800.00</b>

Public Relations  
800.00




Evaluator \$ 900<sup>00</sup> Public Relations \$ 800<sup>00</sup>

## Transactions Details

Posting Date	04/12/2018
Transaction Date	04/12/2018
Description	DDA CHECK 0000001621
Transaction Type	Debit
T/C	0075
Amount	\$1,700.00
Balance	

Front

Back

	<b>FAMILY VALUES RESOURCE INSTITUTE INC.</b> <b>DBA LOUISIANA ALLIANCE FOR LIFE</b> PO BOX 74403 PH. 225-359-8001 BATON ROUGE, LA 70874-4403	WHITNEY BANK Member FDIC / whitneybank.com	1621 81-15554
PAY TO THE ORDER OF	Resource & Fund Development	4/9/2018	\$ **1,700.00
One Thousand Seven Hundred and 00/100			DOLLARS
Resource & Fund Development 5525 Superior Drive, Ste C2 Baton Rouge, LA. 70816			
MEMO	March 2018 Invoices # 82 & 83		
⑧ ⑧			AUTHORIZED SIGNATURE
⑈001621⑈ ⑈065400153⑈			

Evaluator \$900<sup>00</sup>Public Relations \$800<sup>00</sup>

## Transactions Details

Posting Date 04/12/2018

Transaction Date 04/12/2018

Description DDA CHECK 0000001621

Transaction Type Debit

T/C 0075

Amount \$1,700.00

Balance

Front

Back

041218 - 96190002850636 - &gt;065503681&lt;

For Deposit

Description	Amount
Bookkeeping Services Mar 1 - Mar 15	1,646.57
	<div data-bbox="1201 1285 1492 1671"> <div>description of services for 2023</div> </div>
	<div data-bbox="1128 1835 1230 1875">Total</div> <div data-bbox="1433 1841 1534 1871">\$1,646.57</div>

*Accounting/Bookkeeping \$134,840*

## Transactions Details

Posting Date	03/14/2018
Transaction Date	03/14/2018
Description	PAYROLL PAYCHEX INC. 031418
Transaction Type	Debit
T/C	0036
Amount	\$18,246.57
Balance	

# Accounting / Bookkeeping

\$1304.84

**Latosha Isaac**

1175 Lakemont Dr.  
Baton Rouge, LA  
70816

# Invoice

Date	Invoice #
3/30/2018	42

<b>Bill To</b>
Louisiana Alliance For Life Family Values Resource Institute, Inc 7515 Scenic Highway Baton Rouge, LA 70807

Description	Amount
Bookkeeping Services Mar 16 - Mar 30	1,646.57
Total	\$1,646.57



*Accounting / Bookkeeping \$1304.86*

## Transactions Details

Posting Date	03/29/2018
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Transaction Date	03/29/2018
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Description	PAYROLL PAYCHEX INC. 032918
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Transaction Type	Debit
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T/C	0036
-----	------

Amount	\$1,646.57
--------	------------

Balance	
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*Subcontractor Payments*

## Transactions Details

Posting Date	04/11/2018
Transaction Date	04/11/2018
Description	PAYROLL PAYCHEX INC. 041118
Transaction Type	Debit
T/C	0036
Amount	\$24,400.00
Balance	

# Subcontractor Payments

0060 0060-T046 Family Values Resource Institute Inc

## PAYROLL JOURNAL

(Prior to Processing)

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAY				WITHHOLDINGS		DEDUCTIONS		NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS				
**** 300 1099 Cantla Pregnancy...(IC) 38	1099 Misc Comp				3,300.00				Direct Deposit # Unknown Check Amt 0.00 Chkg 1255 3,300.00 Net Pay 3,300.00
	EMPLOYEE TOTAL				3,300.00				Direct Deposit # Unknown Check Amt 0.00 Chkg 1232 2,300.00 Net Pay 2,300.00
Crossroads Preg...(IC) 20	1099 Misc Comp				2,300.00				Direct Deposit # Unknown Check Amt 0.00 Chkg 3581 4,300.00 Net Pay 4,300.00
	EMPLOYEE TOTAL				2,300.00				Direct Deposit # Unknown Check Amt 0.00 Chkg 2289 2,300.00 Net Pay 2,300.00
Life Choices of...(IC) 23	1099 Misc Comp				4,300.00				Direct Deposit # Unknown Check Amt 0.00 Chkg 9749 4,300.00 Net Pay 4,300.00
	EMPLOYEE TOTAL				4,300.00				Direct Deposit # Unknown Check Amt 0.00 Chkg 8002 3,300.00 Net Pay 3,300.00
Pregnancy Probl...(IC) 22	1099 Misc Comp				2,300.00				Direct Deposit # Unknown Check Amt 0.00 Chkg 0051 4,600.00 Net Pay 4,600.00
	EMPLOYEE TOTAL				2,300.00				Check Amt 0.00 Dir Dep 24,400.00 Net Pay 24,400.00
Womens Center o...(IC) 27	1099 Misc Comp				4,300.00				Check Amt 0.00 Dir Dep 24,400.00 Net Pay 24,400.00
	EMPLOYEE TOTAL				4,300.00				Check Amt 0.00 Dir Dep 24,400.00 Net Pay 24,400.00
Womens Help Center (IC) 28	1099 Misc Comp				3,300.00				Check Amt 0.00 Dir Dep 24,400.00 Net Pay 24,400.00
	EMPLOYEE TOTAL				3,300.00				Check Amt 0.00 Dir Dep 24,400.00 Net Pay 24,400.00
Womens New Life...(IC) 24	1099 Misc Comp				2,300.00				Check Amt 0.00 Dir Dep 24,400.00 Net Pay 24,400.00
	EMPLOYEE TOTAL				2,300.00				Check Amt 0.00 Dir Dep 24,400.00 Net Pay 24,400.00
300 1099 TOTALS	1099 Misc Comp				24,400.00				Check Amt 0.00 Dir Dep 24,400.00 Net Pay 24,400.00
7 Person(s) 7 Transaction(s)	300 1099 TOTAL				24,400.00				Check Amt 0.00 Dir Dep 24,400.00 Net Pay 24,400.00
COMPANY TOTALS	1099 Misc Comp				24,400.00				Check Amt 0.00 Dir Dep 24,400.00 Net Pay 24,400.00
7 Person(s) 7 Transaction(s)	1099 Misc Comp				24,400.00				Check Amt 0.00 Dir Dep 24,400.00 Net Pay 24,400.00



# LOUISIANA

## Alliance for Life Monthly Report Check List

Subcontractor	Date Received	Client Services	Amount
<b>CENLA Pregnancy Center</b>			
Claire Lemoine 318-314-3064 (o) 318-305-7301 (c)	4/2/18	164	\$3,300.00
<b>Crossroads Pregnancy Resource Center</b>			
Michele Beary 985-446-5004 (o) 985-859-9907 (c)	4/6/18	54	\$2,300.00
<b>Life Choices of North Central Louisiana</b>			
Kathleen Richard 318-255-7377 (o) 225-237-1760 (c)	4/4/18	503	\$4,300.00
<b>Pregnancy Problem Center</b>			
Frances Coleman 225-924-1400 (o)	3/31/18	127	\$2,300.00
<b>Woman's New Life Center – Baton Rouge</b>			
Allison Millet 225-218-4862 (o) 504-301-7573 (c)	4/6/18	9	\$2,300.00
<b>Woman's New Life Center – Metairie</b>			
Allison Millet 504-469-0212 (o) 504-301-7573 (c)	4/6/18	7	\$2,300.00
<b>Women's Center of Lafayette</b>			
Michela Camel 337-289-9366 (o)	4/1/18	404	\$4,300.00
<b>Women's Help Center</b>			
Barbara Thomas 225-359-9001 (o) 225-324-7013 (c)	4/5/18	229.5	\$3,300.00
>>MARCH 2018>>			
TOTAL Dollar Amount >>>>>			\$24,400.00

# LOUISIANA

Alliance for Life

## Monthly Report Approval

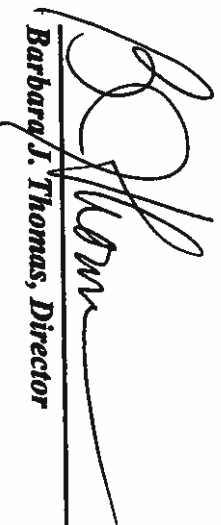
Month: MARCH 2018

Subcontractor: CENLA Pregnancy Center		
	Points	Dollar Amount
Client Service Points / Amount	164	\$3,300.00
Client Service Reports/documentation	YES	
<b>TOTAL Dollar Amount Paid</b>	<b>&gt;&gt;&gt;&gt;</b>	<b>\$3,300.00</b>

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director



# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Celia Pregnancy Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Glenn Lendine, RD	PROGRAM CONTACT:	254 MacArthur
PHONE NUMBER:	318-321-8061	SERVICES MONTH:	Mar 18
		DATE:	4/12/2018

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	11
New clients who took a pregnancy test and commit to full-term pregnancy	11
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	11
Male-Adoption Education	4
Abortion Prevention Education counseling or informational sessions	11
Male-Abortion Prevention Edu.	5
Abstinence Education counseling or informational sessions	4
Male-Abstinence Education	3
Parenting Information counseling or informational sessions	9
Male-Parenting Information	5

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW-UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED	2	1	
3 Employment	3	1.5	
4 Food/Clothing	1	0.5	
5 Housing		0	
6 Medicaid (NOT certified app. centers)	10	5	5
7 OB/GYN	11	5.5	7
8 PreMarital/Marriage Counseling	1	0.5	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP	6	3	3
13 STD/HIV Testing		0	
14 WIC	11	5.5	7
15 Public Assistance	5	2.5	1

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points
Client Parenting/Prenatal Classes (#classes x total # participants)	12	24
Male Prenatal/Parenting Classes (#classes x total # participants)	3	6
Follow Up - Pregnancy Decisions	6	12
Follow Up - Pregnancy Outcomes		0

<b>TOTAL SERVICES</b>	<b>145</b>	<b>23</b>	<b>168</b>
<b>TOTAL POINTS</b>	<b>74</b>	<b>67</b>	<b>164</b>

### VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	4/2/2018
Beginning Inventory	42
# Clients Served	11
Amount Distributed	20
Amount Remaining	22

Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

Subcontractor: Cenla Pregnancy Center	Services Month: 1-Mar	Date: 4/2/2018
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### PARENTING/PRENATAL CLASSES

Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual).  
For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.

Date	Topic	Chart # or Total for TANF Eligible Participants	Total #Male Partner/Spouse Participants
3/28/2018	Safe Baby Sleep Lesson 3.4 & Benefits of Breastfeeding 10.1	#26	
3/19/2018	Aid, Car Seat Safety, Your baby can Sleep, Benefits of Breastfeeding	#26	
3/1/2018	The Second Trimester, Baby's Cry, Happiest Baby on the block	#26	
3/22/2018	Pregnancy and the Third Trimester	#12	
3/15/2018	Your Healthy Baby	#12	1 MP
3/26/2018	Your Changing Body	#22	1 MP
3/1/2018	The First Trimester	#22	1 MP
3/21/2018	Benefits of Breastfeeding, remainder	#4	
3/14/2018	Benefits of Breastfeeding, beginning	#4	
3/7/2018	Understanding Baby's Cry	#4	
3/19/2018	Understanding Your Baby's Cry	#5	
3/12/2018	Understanding your Baby's Cry, Part 2	#5	
<b>TOTALS</b>			



# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

<b>Subcontractor:</b> Cenla Pregnancy Center	<b>Services Month:</b> Mar-18	<b>Date:</b> 4/2/2018
----------------------------------------------	-------------------------------	-----------------------

<b>COMMUNITY OUTREACH ACTIVITIES</b> <i>i.e. health fairs, speaking engagements, walks for life, etc.</i>	
<b>Date</b>	<b>Description</b>
3/1/2018	submission of Christu Health Grant
3/2/2018	Outreach to Marksville High School Nurse
3/4/2018	spoke to youth group at St. Rita's
3/5/2018	spoke to Lecompte Rotary Club
3/6/2018	spoke to Alexandria Nurse Family Partnership Region 6 nurses/supervisor
3/8/2018	Board Meeting
3/10/2018	Zion Hill Vendor Market Expo
3/13/2018	Ruston Civic Center/Ruston- Life Choices Pregnancy Center Banquet
3/15/2018	spoke to Cenla Volks Folks
3/18/2018	spoke to Midway Baptist Church Congregation
3/19/2018	God in the Workplace, Louisiana College
3/20/2018	St. Mary's Pregnancy Center Banquet, Shreveport
3/23/2018	Cenla Execbuilders Orientation
3/24/2018	LAL Conference, Baton Rouge
3/27/2018	spoke to NHS at a local High School who did a baby bottle campaign for pregnancy center

# LOUISIANA

Alliance for Life

## Monthly Report Approval

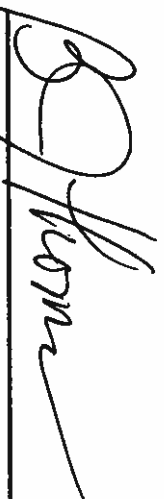
Month: MARCH 2018

Subcontractor: Crossroads Pregnancy resource Center		
	Points	Dollar Amount
Client Service Points / Amount	54	\$2,300.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$2,300.00

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Crossroads Pregnancy Resource Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Michelle Boudry	PROGRAM LOCATION:	THORNTON, LA
PHONE NUMBER:	985-446-5041	SERVICE MONTH:	MARCH 2018
		DATE:	3/6/2018

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	8
New clients who took a pregnancy test and commit to full-term pregnancy	8
Pregnancy Retest	1
Returning clients who retested and commit to full-term pregnancy	1
Adoption Education counseling or informational sessions	2
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	5
Male-Abstinence Education	
Parenting Information counseling or informational sessions	7
Male-Parenting Information	

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW-UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	1	0.5	
2 Adult Education/GED	3	1.5	
3 Employment	4	2	
4 Food/Clothing	5	2.5	
5 Housing	1	0.5	
6 Medicaid (NOT certified app. centers)	7	3.5	
7 OB/GYN	6	3	
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling	1	0.5	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP	1	0.5	
13 STD/HIV Testing	1	0.5	
14 WIC	5	2.5	
15 Public Assistance	1	0.5	
OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)		0	
Male Prenatal/Parenting Classes (#classes x total # participants)		0	
Follow Up - Pregnancy Decisions	2	4	
Follow Up - Pregnancy Outcomes		0	
<b>TOTAL SERVICES</b>	<b>70</b>	<b>0</b>	<b>70</b>
<b>TOTAL POINTS</b>	<b>32</b>	<b>22</b>	<b>54</b>

### VITAMIN ANGELS INVENTORY

#### MUST BE COMPLETED MONTHLY

Date	3/30/2018
Beginning Inventory	68
# Clients Served	3
Amount Distributed	6
Amount Remaining	62

### Services Reimbursement Model

#### Total Monthly Points

1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

# LOUISIANA

Alliance for Life

## Monthly Report Approval

Month: MARCH 2018

Subcontractor: Life Choices of NC Louisiana		
	Points	Dollar Amount
Client Service Points / Amount	503	\$4,300.00
Client Service Reports/documentation	YES	
<b>TOTAL Dollar Amount Paid</b>	<b>&gt;&gt;&gt;&gt;</b>	<b>\$4,300.00</b>

APPROVED BY:

  
Michael Perry, Administrator

  
Barbara J. Thomas, Director

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

SUBCONTRACTOR NAME: <b>Life Choices, LLC</b>	PROGRAM NAME: <b>Louisiana Alliance for Life</b>
CONTACT NAME: <b>Karla Ann Odom</b>	PROGRAM LOCATION: <b>Bossier, LA</b>
PHONE NUMBER: <b>504-555-3377</b>	SERVICE MONTH: <b>May-18</b> DATE: <b>4/27/18</b>

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	32
New clients who took a pregnancy test and commit to full-term pregnancy	23
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	32
Male-Adoption Education	4
Abortion Prevention Education counseling or informational sessions	32
Male-Abortion Prevention Edu.	4
Abstinence Education counseling or informational sessions	27
Male-Abstinence Education	4
Parenting Information counseling or informational sessions	66
Male-Parenting Information	13

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	4	2	1
2 Adult Education/GED	12	6	1
3 Employment	11	5.5	0
4 Food/Clothing	9	4.5	5
5 Housing	12	6	2
6 Medicaid (NOT certified app. centers)	25	12.5	11
7 OB/GYN	32	16	14
8 PreMarital/Marriage Counseling	4	2	3
9 Professional Counseling	5	2.5	2
10 Rape Crisis Center	0	0	0
11 Rent/Utilities	2	1	0
12 SNAP/FITAP	5	2.5	0
13 STD/HIV Testing	25	12.5	11
14 WIC	18	9	8
15 Public Assistance	8	4	0

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	17	34	
Male Prenatal/Parenting Classes (#classes x total # participants)	16	32	
Follow Up - Pregnancy Decisions	16	32	
Follow Up - Pregnancy Outcomes	12	24	
<b>TOTAL SERVICES</b>	<b>470</b>	<b>58</b>	<b>528</b>
<b>TOTAL POINTS</b>	<b>237</b>	<b>208</b>	<b>503</b>

### VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	n/a
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

**LOUISIANA ALLIANCE FOR LIFE**  
**Subcontractor Monthly Services Report**

Subcontractor Life Choices of North	Services Month: March 2018	Date: 4/3/2018
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<b>PARENTING/PRENATAL CLASSES</b>			
<i>Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group &amp; individual) For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For</i>			
Date	Topic	Chart # or Total #of	Total #Male
3/6/18 @ 3:30	Newborn Care by Amanda Russell	2	0
3/20/18 @ 3:30	Understanding Pregnancy by Beth Foster	2	1
3/27/18 @ 3:30	Attachment Relationships by Kay Church	2	2
3/6/18 @ 6:00	Infant and Toddler Nutrition by Melinda Moore	5	4
3/20/18 @ 6:00	Let's Eat for the Health of It by Cathy Judd	3	4
3/27/18 @ 6:00	Solo Parenting by Beth Jones	3	5
<b>TOTALS</b>		<b>17</b>	<b>16</b>

## LOUISIANA ALLIANCE FOR LIFE

### Subcontractor Monthly Services Report

**Services Month:**

Mar-18

Date:

4/4/2018

***i.e. health fairs, speaking engagements, walks for life, etc.***

***i.e. health fairs, speaking engagements, walks for life, etc.***

[illegible]

# LOUISIANA

*Alliance for Life*


## Monthly Report Approval

Month: MARCH 2018

Subcontractor: Pregnancy Problem Center		
	Points	Dollar Amount
Client Service Points / Amount	127	\$2,300.00
Client Service Reports/documentation	YES	
<b>TOTAL Dollar Amount Paid</b>	<b>&gt;&gt;&gt;&gt;&gt;</b>	<b>\$2,300.00</b>

APPROVED BY:

  
Michael Fejris, Administrator

  
Barbara J. Thomas, Director



# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

SUBCONTRACTOR NAME: Family Life Federation/Pregnancy Problem Center	PROGRAM NAME: Louisiana Alliance for Life
CONTACT NAME: Frances Droussard	PROGRAM LOCATION:
PHONE NUMBER: 225-974-1400	SERVICES MONTH: March

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	4
New clients who took a pregnancy test and commit to full-term pregnancy	4
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	4
Male-Adoption Education	1
Abortion Prevention Education counseling or informational sessions	4
Male-Abortion Prevention Edu.	1
Abstinence Education counseling or informational sessions	4
Male-Abstinence Education	1
Parenting Information counseling or informational sessions	4
Male-Parenting Information	1

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)	4	2	5
7 OB/GYN	4	2	4
8 PreMarital/Marriage Counseling	1	0.5	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	3
14 WIC	4	2	6
15 Public Assistance	4	2	

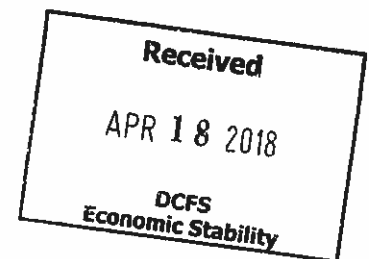
OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	13	26	
Male Prenatal/Parenting Classes (#classes x total # participants)	1	2	
Follow Up - Pregnancy Decisions	9	18	
Follow Up - Pregnancy Outcomes	15	30	
<b>TOTAL SERVICES</b>	<b>83</b>		<b>16</b>
<b>TOTAL POINTS</b>	<b>28</b>	<b>83</b>	<b>16</b>

<b>TOTAL</b>	<b>99</b>
<b>TOTAL POINTS</b>	<b>127</b>

### VITAMIN ANGELS INVENTORY

**MUST BE COMPLETED MONTHLY**

Date	3/31/2018
Beginning Inventory	39
# Clients Served	4
Amount Distributed	2
Amount Remaining	43



Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

Subcontractor: Family Life Federation/Pregnancy Problem Services Month: March Date: 3/31/2018

### PARENTING/PRENATAL CLASSES

Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual). For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.

Date	Topic	Chart # or Total # of TANF Eligible Participants	Total # Male Partner/Spouse Participants
3/13/2018	What's Safe , What Isn't 2.3	1	
3/22/2018	How To Raise Emotioanlly Healthy Children	1	
3/29/2018	Infant Temperment 4.4	1	
3/22/2018	Windows to The Womb	1	
3/26/2017	Hazords 2.3	1	1
3/27/2018	First Years Last Forever	1	
03/15 2018	First Years Last Forever	1	
3/20/2018	The Importance Of Bonding 4.5	1	
3/29/2018	Care For The Baby Part3	1	
3/7/2018	Nutrition 1.3	1	
3/18/2018	Parenting	1	
3/28/2018	First Years Last Forever	1	
<b>TOTALS</b>		<b>13</b>	<b>1</b>

# LOUISIANA

*Alliance for Life*

## Monthly Report Approval

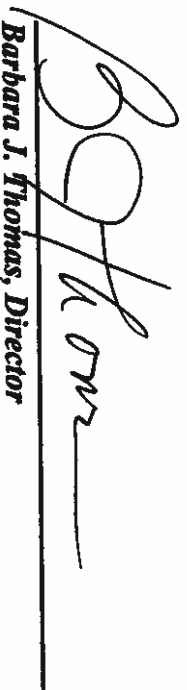
Month: MARCH 2018

Supervisor: Woman's New Life - Baton Rouge		
	Points	Dollar Amount
Client Service Points / Amount	9	\$2,300.00
Client Service Reports/documentation	YES	
<b>TOTAL Dollar Amount Paid</b>	<b>&gt;&gt;&gt;&gt;</b>	<b>\$2,300.00</b>

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Woman's New Life Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Maureen Lavastida	Baton Rouge	
PHONE NUMBER:	225-663-5470	SERVICES MONTH:	Mar-18
		DATE:	4/6/2018

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TAME Eligible Clients Served
Pregnancy Testing	3
New clients who took a pregnancy test and commit to full-term pregnancy	
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	1
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	
Male-Abstinence Education	
Parenting Information counseling or informational sessions	
Male-Parenting Information	

REFERRALS (1/2 Point)	Total TAME Eligible Clients Served	Referral Points	REFERRAL FOLLOW-UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)		0	
7 OB/GYN		0	
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP	1	0.5	
13 STD/HIV Testing		0	
14 WIC	1	0.5	
15 Public Assistance		0	

OTHER SERVICES (2 points)	Total TAME Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)		0	
Male Prenatal/Parenting Classes (#classes x total # participants)		0	
Follow Up - Pregnancy Decisions	2	4	
Follow Up - Pregnancy Outcomes		0	
<b>TOTAL SERVICES</b>	<b>8</b>	<b>0</b>	<b>8</b>
<b>TOTAL POINTS</b>	<b>4</b>	<b>5</b>	<b>9</b>

### VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

# LOUISIANA

*Alliance for Life*


## Monthly Report Approval

Month: MARCH 2018

Subcontractor: Woman's New Life - New Orleans		
	Points	Dollar Amount
Client Service Points / Amount	7	\$2,300.00
Client Service Reports/documentation	YES	
<b>TOTAL Dollar Amount Paid</b>	<b>&gt;&gt;&gt;&gt;</b>	<b>\$2,300.00</b>

APPROVED BY:

  
Michael Perry, Administrator

  
Barbara J. Thomas, Director

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Women's New Life Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Allison Miller	PROGRAM LOCATION:	New Orleans
PHONE NUMBER:	504-496-0212	SERVICES MONTH:	Mar-18
		DATE:	4/6/2018

Please submit supporting client services documentation which includes relevant LAL Client Services Receipts, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	TOTAL TANF Eligible Clients Served
Pregnancy Testing	1
New clients who took a pregnancy test and commit to full-term pregnancy	
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	1
Male-Abstinence Education	
Parenting Information counseling or informational sessions	1
Male-Parenting Information	

REFERRALS (1/2 Point)	TOTAL TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW-UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)		0	
7 OB/GYN	1	0.5	1
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	
14 WIC	1	0.5	1
15 Public Assistance		0	

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points
Client Parenting/Prenatal Classes (#classes x total # participants)		0
Male Prenatal/Parenting Classes (#classes x total # participants)		0
Follow Up - Pregnancy Decisions		1
Follow Up - Pregnancy Outcomes		0
<b>TOTAL SERVICES</b>	<b>5</b>	<b>2</b>
<b>TOTAL POINTS</b>	<b>3</b>	<b>2</b>

<b>TOTAL</b>	<b>7</b>
<b>TOTAL POINTS</b>	<b>7</b>

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

# LOUISIANA

*Alliance for Life*


## Monthly Report Approval

Month: MARCH 2018

Subcontractor: Women's Center of Lafayette		
	Points	Dollar Amount
Client Service Points / Amount	404	\$4,300.00
Client Service Reports/documentation	YES	
<b>TOTAL Dollar Amount Paid</b>	<b>&gt;&gt;&gt;&gt;</b>	<b>\$4,300.00</b>

APPROVED BY:

  
Michael Ferris, Administrator

  
Barbara J. Thomas, Director



# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	1600 Wellness Center of Lafayette	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Loretta Patis	PROGRAM LOCATION:	1831 Jefferson Street
PHONE NUMBER:	337-289-9366	SERVICES MONTH:	March 2018
		DATE:	3/1/2018

Please submit supporting client services documentation which includes relevant LAL Client Services Reports, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TAFE Eligible Clients Served
Pregnancy Testing	38
New clients who took a pregnancy test and commit to full-term pregnancy	30
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	30
Male-Adoption Education	4
Abortion Prevention Education counseling or informational sessions	6
Male-Abortion Prevention Edu.	0
Abstinence Education counseling or informational sessions	32
Male-Abstinence Education	4
Parenting Information counseling or informational sessions	31
Male-Parenting Information	4

REFERRALS (1/2 Point)	Total TAFE Eligible Clients Served	Referral Points	REFERRAL FOLLOW-UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	1	0.5	
2 Adult Education/GED	0	0	
3 Employment	0	0	
4 Food/Clothing	16	8	16
5 Housing	6	3	1
6 Medicaid (NOT certified app. centers)	15	7.5	2
7 OB/GYN	15	7.5	3
8 PreMarital/Marriage Counseling	1	0.5	1
9 Professional Counseling	4	2	
10 Rape Crisis Center	0	0	
11 Rent/Utilities	0	0	
12 SNAP/FITAP	17	8.5	
13 STD/HIV Testing	32	16	
14 WIC	22	11	3
15 Public Assistance	1	0.5	

OTHER SERVICES (2 points)	Total TAFE Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	7	14	
Male Prenatal/Parenting Classes (#classes x total # participants)	2	4	
Follow Up - Pregnancy Decisions	31	62	
Follow Up - Pregnancy Outcomes	27	54	
<b>TOTAL SERVICES</b>	<b>376</b>		<b>26</b>
<b>TOTAL POINTS</b>	<b>179</b>	<b>199</b>	<b>26</b>

### VITAMIN ANGELS INVENTORY

**MUST BE COMPLETED MONTHLY**

Date	3/30/2018
Beginning Inventory	196
# Clients Served	34
Amount Distributed	78
Amount Remaining	118

Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

**TOTAL**

**404**



## Subcontractor Monthly Services Report

<b>Subcontractor:</b> The Womens Center of Lafayette	<b>Services Month:</b> March	<b>Date:</b> 3/30/2018
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## PARENTING/PRENATAL CLASSES

Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual). For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.

Date	Topic	Chart # or Total # of TANF Eligible Participants	Total # Male Partner/Spouse Participants
3/1/2018	Child Safety	7	2
TOTALS			

## Subcontractor Monthly Services Report

<b>Subcontractor:</b> The Womens Center of Laf.	<b>Services Month:</b> March	<b>Date:</b> 3/30/2018
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